

TENTH ANNUAL REPORT
OF THE
STATE BOARD OF INSANITY

1908

TENTH ANNUAL REPORT

OF THE

STATE BOARD OF INSANITY

OF

The Commonwealth of Massachusetts,

FOR THE

YEAR ENDING NOVEMBER 30, 1908.



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The Commonwealth of Massachusetts.

STATE BOARD OF INSANITY.

To His Excellency the Governor and the Honorable Council.

The State Board of Insanity respectfully submits its tenth annual report, for the year ending Sept. 30, 1908, relative to general matters, and for the fiscal year ending Nov. 30, 1908, relative to financial matters.

The Board has supervision of the institutions for the insane, feeble-minded, epileptic and inebriates in the Foxborough State Hospital, but has no direct control over their local administration, although it has the right of investigation and recommendation as to any matter pertaining to them.

The number and location of these classes Oct. 1, 1908, were: —

LOCATION.	Insane.	Feeble-minded.	Epileptic (Sanc).	Inebriate.	Total.	Voluntary Mental (Not Insane).	Other Classes.
Worcester Insane Hospital, .	1,210	-	-	6	1,216	-	-
Taunton Insane Hospital, . . .	898	-	-	3	901	1	-
Northampton State Hospital, . .	826	-	-	-	826	3	-
Danvers Insane Hospital,	1,379	-	-	6	1,385	1	-
Westborough Insane Hospital, . .	885	-	1	9	895	16	-
Boston Insane Hospital, . . .	814	-	-	-	814	-	-
Insane Wards, State Hospital, .	661	-	-	-	661	-	-
Worcester Insane Asylum, . . .	1,035	-	-	-	1,035	-	-
Medfield Insane Asylum,	1,569	-	-	-	1,569	-	-
State Colony for the Insane, . .	542	-	-	-	542	-	-
Massachusetts Hospital for Epileptics, .	350	-	336	-	686	-	-

LOCATION.	Insane.	Feeble-minded.	Epileptic (Sane).	Inebriate.	Total.	Voluntary Mental (Not Insane).	Other Classes.
Asylum for Insane Criminals, . . .	610	-	-	-	610	-	
Foxborough State Hospital, . . .	212	-	-	87	299	-	
Family care, . . .	244	-	-	-	244	-	
McLean Hospital, . . .	217	-	-	-	217	1	
Eighteen private institutions for the insane,	92	-	1	4	97	10	67
Massachusetts School for the Feeble-minded,	-	1,283	-	-	1,283	-	
Wrentham State School, . . .	-	49	-	-	49	-	-
Hospital Cottages for Children, . . .	-	16	86	-	102	-	19
Elm Hill Private Home and School for the Feeble-minded.	-	58	-	-	58	-	
Almshouses, . . .	-	193	-	-	193	-	
Total under care, . . .	11,544	1,599	424	115	13,682	32	86
Viz.: —							
Public care, . . .	11,235	1,541	423	111	13,310	21	19
Institutions, . . .	10,991	1,348	423	111	12,873	21	19
Family care, . . .	244	-	-	-	244	-	
Almshouses, . . .	-	193	-	-	193	-	
Private care, . . .	309	58	1	4	372	11	67
McLean Hospital, . . .	217	-	-	-	217	1	
Nineteen institutions, . . .	92	58	1	4	155	10	67

THE WHOLE NUMBER OF THESE CLASSES

under care Oct. 1, 1908, was 13,682, being 1 such person to every 233 of the estimated population of the State. Of this number, 11,544 were insane, 1,599 feeble-minded, 424 epileptic and 115 inebriates. Their increase for the year was 947.

The whole number of such persons under public care was 13,310; under private care, 372.

The whole number of such persons in public institutions was 12,873; their increase for the year, 953; their average annual increase for the last five years, 487.

Although the tendency in this State, as well as elsewhere, is progressively toward a higher ratio of increase in accumulation of these classes in public institutions, the increase this year is exceptional, being nearly double the average, on account of two main causes: (1) business depression, which has re-

sulted in greater inflow not only into institutions for the insane but also into all charitable and penal institutions; (2) the Steele tragedy of last December, which caused, on the one hand, increase of commitments, owing to the apprehension excited in the minds of the public, and, on the other, decrease of discharges, owing to the conservatism of hospital officials in performing a duty always attended with some anxious uncertainty.

The average requirement for provision for these classes is about 500 beds annually.

THE WHOLE NUMBER OF THE INSANE

under care Oct. 1, 1908, was 11,544, being 1 insane person to every 277 of the estimated population of the State. In addition, there were 538 unrecovered insane who were temporarily absent from institutions, and a considerable number of others in the community who had previously been discharged or had never appeared in institutions for the insane.

The insane appear under public care in institutions and family care, and under private care in private institutions. Their number and increase in these locations for the year, the last five years, the last ten years and the last twenty-five years are shown as follows:—

	NUMBER OCT. 1, 1908.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.	Average Increase, Ten Years.	Average Increase, Twenty-five Years.
	Males.	Females.	Totals.	1908.	1907.	1906.	1905.	1904.			
Public institutions, .	5,465	5,526	10,991	789	376	172	174 ¹	300 ¹	362	380	302
Family care, . . .	11	233	244	31 ²	10 ²	32	40	54	17	13	10
Total public, . . .	5,476	5,759	11,235	758	366	204	214	354	379	393	312
Private institutions, . . .	115	194	309	18	31	15	3	8	15	7	4
Total, public and private,	5,591	5,953	11,544	776	397	219	217	362	394	400	316

¹ Exclusive of transfers from almshouses.

² Decrease.

THE INCREASE OF THE INSANE

under care for the year was 776, compared with 397 the previous year, 394, the average annual increase for the last five years, 400, the last ten years, and 316, the last twenty-five years.

The number of nonresident insane was 69, compared with

62 the previous year, 54, the average number the last five years. Of these, 60 were patients in private institutions, 9, private patients in State hospitals.

It is the policy of the State not to receive into its institutions nonresidents, even as private patients, unless their friends are resident in Massachusetts and have just claims for such service.

THE INCREASE OF THE INSANE UNDER PUBLIC CARE was 758, compared with 366 the previous year, 379, the average annual increase for the last five years, 393, the last ten years, and 312, the last twenty-five years.

THE INCREASE OF THE INSANE UNDER PRIVATE CARE was 18, compared with 31 the previous year, 15, the average annual increase for the last five years, 7, the last ten years, and 4, the last twenty-five years.

In addition to the insane, there were in private institutions 83 patients, compared with 81 the previous year. Of these, 11 were sane voluntary mental patients and 72 voluntary non-mental patients. None of these were in the McLean Hospital, although 31.65 per cent. of its patients were under the voluntary relation without commitment as insane.

THE DECREASE OF THE INSANE IN FAMILY CARE was 31, compared with a decrease of 10 the previous year, 17, the average annual increase for the last five years, 13, the last ten years, and 10, the last twenty-five years.

THE INCREASE OF THE INSANE IN PUBLIC INSTITUTIONS was 789, compared with 376 the previous year, 362, the average annual increase for the last five years, 380, the last ten years, and 302, the last twenty-five years.

THE RATE OF INFLOW TO PUBLIC INSTITUTIONS was relatively less than the previous year, and accounts only in part for the increase in accumulation of the insane.

The total admissions, inclusive of 533 nominal admissions,

were 4,335, an increase of 174, compared with an increase of 552 the previous year.

The total number of different patients actually received during the year was 3,064, an increase of 163, compared with an increase of 328 the previous year.

THE RATE OF OUTFLOW FROM PUBLIC INSTITUTIONS was relatively less than the previous year, and accounts largely for the increase in accumulation of the insane this year.

The total dismissals, inclusive of 533 nominal dismissals, were 3,546, an increase of 239, compared with an increase of 348 the previous year.

The total number of different patients actually dismissed during the year was 2,335, a decrease of 217.

There were 1,089 deaths, a decrease of 29; recoveries, 380, an increase of 31; dismissals to family care, 35, a decrease of 32; to institutions, 646, an increase of 6; to the United States immigration service, 73, an increase of 13; to the State Board, 101, a decrease of 14; escapes, 64, an increase of 2; discharges as not insane, 10, an increase of 1. Such dismissals total 2,398, a decrease of 22, compared with an increase of 126 the previous year. These may be termed compulsory dismissals inasmuch as the friends and hospital officials do not control their release.

In addition, there were 1,148 voluntary dismissals at the request of friends or on the advice of the hospital physicians, a decrease of 217, compared with an increase of 222 the previous year.

The voluntary dismissal rate this year was 2.08 per cent. less than the previous year.

COMMITMENTS OF THE INSANE,

inclusive of all voluntary admissions, to public institutions and McLean Hospital were 3,195, compared with 3,022 the previous year, and 2,940, the average the last five years. The increase this year was 173, compared with a decrease of 352 the previous year, and 91, the average increase the last five years.

They comprise court commitments as insane, voluntary admissions, the insane, and voluntary admissions of mental patients who were sane.

Court commitments as insane were 3,000, compared with 2,866 the previous year, and 2,806, the average the last five years. The increase was 134, compared with an increase of 321 the previous year, and 73, the average increase the last five years.

Voluntary admissions, the insane, were 144, compared with 131 the previous year. Public institutions received 58 such patients, of whom 6, or 10.34 per cent., required subsequent commitment. McLean Hospital received 86 such patients, of whom 4, or 4.65 per cent., required subsequent commitment.

Voluntary admissions, mental patients who were sane, were 51, compared with 25 the previous year. Public institutions received 43 such patients, McLean Hospital, 8. None required subsequent commitment.

ALL VOLUNTARY ADMISSIONS

were 195, compared with 156 the previous year, and 134, the average the last five years. The increase was 41, compared with an increase of 33 the previous year, and 19, the average increase the last five years. Public institutions received 101 such patients, compared with 52 the previous year, and 58, the average the last five years. McLean Hospital received 94 such patients, compared with 104 the previous year, and 76, the average the last five years.

EMERGENCY COMMITMENTS

numbered 77, an increase of 1, compared with an increase of 28 the previous year, and 5, the average the last five years. Public institutions received 74, and McLean Hospital, 3. Seventy-two were duly committed, 1 became a voluntary patient, 3 were discharged within the five days' limit, and 1 died.

FIRST CASES OF INSANITY

appeared in public institutions and McLean Hospital to the number of 2,491, compared with 2,414 the previous year, and 2,277, the average the last five years. The increase was 77,

compared with an increase of 337 the previous year, and 76, the average increase the last five years, thus showing that the unusual increase in accumulation of the insane in institutions this year was not due to a higher rate of development of insanity.

79.23 per cent. of all insane commitments, inclusive of insane voluntary patients, to these institutions appeared for the first time in any institution for the insane.

One insane person came under care for the first time from every 1,281 of the estimated population of the State, compared with 1,291 the previous year, and 1,391, the average from 1900 to 1905. The estimated increase in the population of the State for the year is 76,348; hence the growth of population accounts for an increase of 60, or 77.92 per cent., of the increase of first cases of insanity appearing this year.

THE NATIVITY

of such first cases of insanity does not differ materially from the percentages of the previous year. Exclusive of 21, or .84 per cent., whose birthplaces were unknown, 968, or 39.19 per cent., were born in Massachusetts; 1,231, or 49.84 per cent., in New England; 1,389, or 56.23 per cent., in United States; 1,081, or 43.77 per cent., in foreign countries.

THEIR PARENTAGE

also corresponds substantially with the percentages of previous years. Exclusive of 146, or 5.86 per cent., whose birthplaces were unknown, 431, or 18.38 per cent., of the mothers were born in Massachusetts; 680, or 29 per cent., in New England; 807, or 34.41 per cent., in United States; 1,538, or 65.59 per cent., in foreign countries.

Exclusive of 139, or 5.58 per cent., whose birthplaces were unknown, 432, or 18.37 per cent., of the fathers were born in Massachusetts; 666, or 28.32 per cent., in New England; 796, or 33.84 per cent., in United States; 1,556, or 66.16 per cent., in foreign countries.

THEIR AGES

vary but little from the averages of previous years. The age of 60 or more had been reached by 503, or 20.28 per cent., when admitted for hospital treatment; by 377, or 17.18 per cent., when insanity began. The mean age was 43.30 years on admission; 39.31 years at the onset of mental disease.

THE LOCALITIES

where they resided at the time of commitment and where insanity developed in the main show that country districts furnish relatively fewer cases of insanity than the more populous centers. The cities and towns of over 10,000 inhabitants comprise 75.08 per cent. of the total population of the State, and country districts only 24.92 per cent., whereas 2,026, or 81.33 per cent., of the commitments were made from the former, and 465, or 18.67 per cent., from the latter.

THE CAUSES OF INSANITY

assigned by the physicians of the hospital were physical in 1,642, or 65.92 per cent.; mental in 164, or 6.58 per cent.; unknown in 683, or 27.42 per cent.; and not insane in .08 per cent.

Congenital causes were assigned in 6.94 per cent.; heredity alone in 6.58 per cent., with other causes, 11.44 per cent., making heredity a causative factor in 18.02 per cent.; alcoholic intemperance alone in 16.06 per cent., with other causes, 5.78 per cent., making alcohol a causative factor in 21.84 per cent.; senility in 13.41 per cent.; coarse brain lesions in 4.34 per cent.; syphilis in 3.49 per cent. These six causes were operative in 68.04 per cent. of this year's first cases of insanity.

THE CURABILITY OF MENTAL DISEASE

in this year's first cases of insanity is a trifle less than last year, but does not vary materially from the average.

The mental disease was classed as curable (Group A, Table 1) in 560, or 22.48 per cent., of first cases, compared with 23.41 per cent. the previous year, and 24.90 per cent., the average for the last four years. The outcome in 2,245 such

cases indicates an expectation of recovery in 1 out of 2.13 cases.

The mental disease was classed as generally incurable (Group B, Table 1) in 882, or 35.40 per cent. The outcome in 3,244 such cases indicates an expectation of recovery in 1 out of 31.49 cases.

The mental disease was classed as incurable (Group C, Table 1) in 965, or 38.74 per cent. The outcome in 3,400 such cases indicates an expectation of recovery in 1 out of 1,700 cases.

THE DURATION OF MENTAL DISEASE

previous to hospital treatment was less than three months in 844, or 38.74 per cent., of first cases, compared with an average of 36.82 per cent. the last four years; less than six months in 1,109, or 50.55 per cent., compared with an average of 47.83 per cent. the last four years; less than one year in 1,360, or 61.99 per cent., compared with an average of 58.24 per cent. the last four years; one year or more in 834, or 38.01 per cent., compared with an average of 41.76 per cent. the last four years.

The significance of the previous duration of mental disease is evident from the fact that out of 1,068 first recoveries. 73.41 per cent. had a previous duration less than three months, 84.08 per cent. less than six months, 91.39 per cent. less than one year, and only 8.61 per cent. one year or more; while the whole duration of insanity was less than three months in 28 per cent., less than six months in 54 per cent., less than one year in 78 per cent., and one year or more in only 22 per cent. These percentages have been substantially constant for the last four years.

CERTAIN FORMS OF MENTAL DISEASE

occur with great frequency; manic depressive insanity in 12.89 per cent. of this year's first cases of insanity and in 57.32 per cent. of curable forms of mental disease (Table 1); acute alcoholic insanity in 5.98 per cent. of first cases and in 26.61 per cent. of curable forms. These two forms comprised 18.87 per cent. of first cases, compared with 19.51 per cent. the pre-

vious year, and 19.06 per cent., the average the last four years. They comprised 83.93 per cent. of curable forms of mental disease, compared with 83.37 per cent. the previous year, and 81.66 per cent., the average the last four years. They furnished 78.73 per cent. of first recoveries, compared with 71.75 per cent. the previous year, and 76.22 per cent., the average the last four years.

In the incurable and generally incurable groups, dementia præcox occurred in 19.31 per cent. of first cases; chronic alcoholic insanity in 6.66 per cent.; imbecility in 5.06 per cent.; senile insanity in 14.13 per cent.; epileptic insanity in 6.34 per cent.; general paralysis in 8.31 per cent.; coarse brain lesions in 4.90 per cent. These seven practically incurable forms comprised 64.71 per cent. of first cases, and furnished 4.76 per cent. of first recoveries.

These nine forms of disease comprised 83.58 per cent. of this year's first cases of insanity, compared with 83.46 per cent. the previous year, and 83.64 per cent., the average the last four years.

THE RESULTS OF MENTAL DISEASE

are shown in the condition of patients on discharge: 422 recovered, 284 were capable of self-support, 396 were improved, and 274 not improved.

THE RECOVERY RATE

for the whole State was 13.65 per cent. of commitments, compared with 13.22 per cent. the previous year, and 14.15 per cent. the average the last five years.

The percentages of recoveries in public institutions and McLean Hospital were:—

Of commitments (inclusive of insane voluntary),	13.42; last two years' average, 13.22
Of whole number of persons,	3.09; last two years' average, 3.04
Of daily average number,	3.91; last two years' average, 3.87

There were 315 recoveries of first cases of insanity, being 12.64 per cent. of such, compared with 11.14 per cent. the

previous year, and 11.89 per cent., the average the last two years.

There were discharged,

CAPABLE OF SELF-SUPPORT,

284, or 9.03 per cent. of the commitments, compared with 9.19 per cent. the previous year.

THE RESTORATION OF THE INSANE

to self-support in the community includes both the recovered and those discharged capable of self-support. Together they numbered 706 this year.

The percentages of both these classes in public institutions and McLean Hospital were: —

Of commitments (inclusive of in-	
sane voluntary),	22.46; last three years' average, 21.75
Of whole number of persons,	5.12; last three years' average, 4.85
Of daily average number,	6.54; last three years' average, 6.17

THE DEATH-RATE OF THE INSANE

during the year was 80.5 per thousand of the whole number of persons treated, compared with 84.9 the previous year, and 81.6 the average the last five years.

The percentages of deaths in public institutions and McLean Hospital were: —

Of whole number of persons,	8.12; last five years' average, 8.26
Of daily average number,	10.28; last five years' average, 10.65
Of discharges and deaths,	44.65; last five years' average, 44.34

Curable mental disease was present in 9.73 per cent. of persons who died, compared with 7.64 the previous year.

The percentage of deaths occurring within the first three months of hospital residence was 29.39, against 29.68 in 1907, 28.52 in 1906, and 30.2 in 1905.

Senile insanity was present in 27.21 per cent., general paralysis in 14.32 per cent., and coarse brain lesions in 9.91 per cent.

These incurable brain conditions existed in 51.44 per cent., compared with 52.90 per cent. the previous year.

Tuberculosis was present in 13.24 per cent., compared with 13.44 per cent. the previous year.

Pneumonia (lobar, broncho and hypostatic) was present in 15.41 per cent., organic disease of the heart in 13.15 per cent., organic disease of the kidneys in 3.06 per cent., and malignant tumors in 2.43 per cent.

The statistical data on which the foregoing statements and conclusions are based are found in the following tables:—

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital.*

INSTITUTIONS.	INSANE COMMITMENTS.				FIRST CASES OF INSANITY — PERCENTAGES.							
	All.	First to Any Hospital.	PERCENTAGE OF FIRST CASES OF INSANITY.		PATIENTS.							
			1908.	Average Four Years, 1905-1908.	Massachusetts.				Native.			
					1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.
Worcester Hospital, . . .	507	409	80.67	79.79	35.56	34.93	50.12	49.84	28.90	28.83	28.06	27.78
Taunton Hospital, . . .	428	342	79.91	78.22	36.03	33.66	48.65	46.73	32.89	30.39	30.43	28.47
Northampton Hospital, . . .	322	251	77.95	78.37	39.04	40.72	60.16	60.09	34.43	37.45	37.14	37.70
Danvers Hospital, . . .	629	500	79.49	78.11	36.95	37.78	54.22	53.44	35.44	34.50	36.38	34.78
Westborough Hospital, . . .	404	301	74.50	75.96	42.19	42.62	65.12	62.71	45.88	43.49	42.01	42.00
Boston Insane Hospital, . . .	382	310	81.15	81.29	41.56	41.52	53.25	53.92	26.51	25.99	25.17	25.69
Insane wards, State Hospital, . . .	114	102	89.47	90.08	20.59	22.22	39.22	38.93	20.45	21.57	20.22	21.91
Asylum for Insane Criminals, . . .	97	77	79.38	86.86	26.32	27.70	47.37	49.13	14.29	20.91	16.18	22.41
Other public institutions, . . .	100	91	91.00	67.65	80.68	60.47	89.77	78.03	50.00	42.43	48.78	42.05
Totals and averages, public, . . .	2,983	2,383	79.89	79.12	38.65	37.78	55.08	53.68	33.24	32.66	32.67	32.06
McLean Hospital, . . .	161	108	67.08	70.82	50.93	48.67	81.48	81.68	61.22	62.20	60.61	60.02
Totals and averages, public and McLean, . . .	3,144	2,491	79.23	78.72	39.19	38.25	56.23	54.90	34.41	33.85	33.84	33.20

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — CON.									
	COMMITTED FROM					AGE.				
	CITIES AND TOWNS OVER 10,000, 75 PER CENT. STATE POPULATION.		COUNTRY DISTRICTS, 25 PER CENT. STATE POPULATION.		Average Four Years, 1903-1908.	60 YEARS OR OVER.		AVERAGE AGE.		Average Four Years, 1903-1908.
	1908.	Average Four Years, 1903-1908.	1908.	Average Four Years, 1903-1908.		1908.	Average Four Years, 1903-1908.	1908.	Average Four Years, 1903-1908.	
Worcester Hospital,	84.57	80.02	15.40	19.98		16.14	17.50	41.80		41.85
Taunton Hospital,	71.05	70.99	28.95	29.01		19.58	20.80	43.40		43.03
Northampton Hospital,	67.73	72.60	32.27	27.40		24.00	24.08	45.10		44.37
Danvers Hospital,	90.20	78.72	9.80	21.28		24.00	22.55	45.36		44.44
Westborough Hospital,	70.76	71.10	29.24	28.90		23.59	21.66	45.88		44.49
Poston Insane Hospital,	100.00	98.74	-	1.26		25.16	26.35	45.86		45.69
Insane wards, State Hospital,	94.12	87.03	6.88	12.97		25.49	26.15	45.90		48.90
Asylum for Insane Criminals,	84.42	77.36	15.58	22.64		4.05	3.40	36.60		34.55
Other public institutions,	58.24	59.35	41.76	40.65		-	5.06	20.65		26.90
Totals and averages, public,	81.70	78.67	18.30	21.33		20.66	21.01	43.39		43.29
McLean Hospital,	73.15	74.57	26.85	25.43		12.04	19.86	41.13		44.12
Totals and averages, public and McLean,	81.33	78.49	18.67	21.51		20.28	20.94	43.30		43.79

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

INSTITUTIONS.		FIRST CASES OF INSANITY — PERCENTAGES — CON.							
		DURATION PRIOR TO COMMITMENT.							
		1 YEAR OR MORE.		UNDER 1 YEAR.		UNDER 6 MONTHS.		UNDER 3 MONTHS.	
		1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.
Worcester Hospital,	. . . . .	38.87	39.51	61.13	60.49	53.45	52.36	41.94	41.80
Taunton Hospital, .	. . . . .	53.85	45.80	46.15	54.20	33.46	45.29	23.56	33.29
Northampton Hospital, .	. . . . .	48.37	51.81	51.63	48.19	42.28	39.90	32.52	31.97
Danvers Hospital, .	. . . . .	32.38	44.37	67.62	55.63	49.69	43.59	37.88	33.38
Westborough Hospital, .	. . . . .	34.82	35.35	65.18	64.65	52.23	55.25	40.48	43.62
Boston Insane Hospital,	. . . . .	40.79	41.38	59.21	58.62	47.04	46.64	32.24	31.86
Insane wards, State Hospital,	. . . . .	75.68	61.06	24.32	38.94	18.92	23.50	16.22	16.46
Asylum for Insane Criminals,	. . . . .	33.80	39.41	66.20	60.59	45.07	44.04	32.39	32.48
Other public institutions,	. . . . .	—	3.85	100.00	96.15	100.00	86.04	100.00	69.02
Totals and averages, public,	. . . . .	38.54	42.08	61.46	57.92	49.81	47.58	38.21	36.77
McLean Hospital, .	. . . . .	27.78	35.87	72.22	64.13	64.81	51.95	43.52	35.62
Totals and averages, public and McLean,	. . . . .	38.01	41.76	61.99	58.24	50.55	47.83	38.74	36.82

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

FIRST CASES OF INSANITY — PERCENTAGES — CON.											
CAUSES ASSIGNED BY HOSPITAL PHYSICIANS.											
INSTITUTIONS.	CONGENITAL.		HEREDITY.		HEREDITY AND OTHER CAUSES.		TOTAL HEREDITY.		SENILITY.		
	1908.	Average Four Years, 1903-1908.	1908.	Average Four Years, 1903-1908.	1908.	Average Four Years, 1903-1908.	1908.	Average Four Years, 1903-1908.	1908.	Average Four Years, 1903-1908.	
Worcester Hospital,	6.85	6.45	10.76	11.34	10.27	10.23	21.03	21.57	10.51	11.46	
Taunton Hospital,	5.85	4.45	9.94	12.23	6.14	6.60	16.08	18.83	13.16	15.30	
Northampton Hospital,	15.54	14.47	12.75	14.26	10.76	11.76	23.51	26.02	20.32	21.70	
Danvers Hospital,	8.00	4.88	8.60	9.70	9.20	13.34	17.80	28.04	15.60	13.82	
Westborough Hospital,	4.32	3.51	3.65	5.19	6.65	8.73	10.30	13.92	14.62	13.56	
Boston Insane Hospital,	5.16	3.45	-	-	11.94	11.00	11.94	11.00	17.10	22.70	
Insane wards, State Hospital,	10.78	13.72	-	-	19.61	18.09	19.61	18.09	14.71	19.53	
Asylum for Insane Criminals,	7.79	9.12	-	4.51	12.99	13.09	12.99	17.60	6.49	4.62	
Other public institutions,	-	-	-	-	9.89	25.45	9.89	25.45	-	-	
Totals and averages, public,	7.26	6.20	6.88	8.20	9.74	11.73	16.62	19.93	14.02	15.07	
McLean Hospital,	-	-	-	-	49.07	43.58	49.07	43.58	-	2.43	
Totals and averages, public and McLean,	6.94	5.94	6.58	7.87	11.44	13.06	18.02	20.93	13.41	14.57	

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — CON.									
	CAUSES ASSIGNED BY HOSPITAL PHYSICIANS — CON.									
	COARSE BRAIN LESIONS.		ALCOHOLIC INTemperance.		ALCOHOLIC INTemperance AND OTHER CAUSES.		TOTAL ALCOHOLIC INTemperance.		SYPHILIS.	
	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.
Worcester Hospital,	3.42	3.44	20.78	23.64	7.58	7.56	28.36	31.20	6.11	6.13
Taunton Hospital,	1.75	2.16	15.79	16.12	4.68	4.58	20.47	20.70	2.34	4.55
Northampton Hospital,	4.38	4.62	20.72	20.65	7.57	8.24	28.29	28.89	.40	2.51
Danvers Hospital,	6.00	7.75	18.00	20.59	4.40	5.70	22.40	26.29	3.00	5.21
Westborough Hospital,	9.97	7.46	10.63	13.47	5.98	3.74	16.61	17.21	3.32	3.95
Boston Insane Hospital,	4.19	5.25	9.03	10.94	1.29	1.91	10.32	12.85	1.29	2.81
Insane wards, State Hospital,	1.96	1.71	23.53	17.05	18.63	15.55	42.16	32.60	13.73	7.88
Asylum for Insane Criminals,	7.79	5.77	40.26	43.03	19.48	16.19	59.74	59.22	-	2.61
Other public institutions,	-	1.11	-	.56	-	-	-	.56	1.10	.28
Totals and averages, public,	4.70	4.93	16.62	18.65	6.04	5.98	22.66	24.63	3.27	4.39
McLean Hospital,	5.56	9.33	3.70	7.71	-	1.10	3.70	8.81	8.33	7.05
Totals and averages, public and McLean,	4.34	4.96	16.06	18.18	5.78	5.78	21.84	23.96	3.49	4.49

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — CON.									
	FORMS OF MENTAL DISEASE.									
	PERSONS TO FIRST CASES.									
	Curable.					Generally Incurable.				
	A.		B.			C.		B. and C.		
	1908.	Average Four Years, 1903-1908.	1908.	Average Four Years, 1903-1908.		1908.	Average Four Years, 1903-1908.	1908.	Average Four Years, 1903-1908.	
Worcester Hospital,	16.63	25.06	52.32	44.34		30.81	30.35	83.13	74.69	
Taunton Hospital,	20.18	20.79	43.27	43.77		30.12	31.85	73.39	75.62	
Northampton Hospital,	29.48	26.07	27.89	30.01		42.23	43.81	70.12	73.82	
Danvers Hospital,	22.60	28.06	32.40	29.96		38.20	38.28	70.60	68.24	
Westborough Hospital,	23.92	22.89	34.55	39.58		40.20	36.19	74.75	75.77	
Boston Insane Hospital,	25.16	21.37	29.03	33.02		42.90	43.94	71.93	76.96	
Insane wards, State Hospital,	6.86	12.99	32.35	25.47		60.78	61.53	93.13	87.00	
Asylum for Insane Criminals,	28.57	26.42	50.65	53.34		18.18	19.25	68.83	72.59	
Other public institutions,	—	—	—	—		100.00	100.00	100.00	100.00	
Totals and averages, public,	21.11	23.41	36.09	36.69		39.74	38.12	75.83	74.81	
McLean Hospital,	52.78	46.66	20.37	18.29		16.67	25.38	37.04	43.67	
Totals and averages, public and McLean,	22.48	24.45	35.41	35.91		38.74	37.56	74.15	73.47	

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

FIRST CASES OF INSANITY — PERCENTAGES — CON.											
FORMS OF MENTAL DISEASE — CON.											
INSTITUTIONS.	RECOVERIES TO FIRST RECOVERIES.						MANIC DEPRESSIVE INSANITY.		ACUTE ALCOHOLIC INSANITY.		
	Curable.		Generally Incurable.		B. and C.		1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.	
	A.										
	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.					
Worcester Hospital,	96.72	94.64	3.28	5.36			9.78	10.18	4.89	9.16	
Taunton Hospital,	97.30	94.19	2.70	4.98			9.65	9.23	6.73	7.05	
Northampton Hospital,	96.43	99.11	3.57	.89			20.32	15.69	7.97	7.62	
Danvers Hospital,	95.45	98.00	4.55	1.48			9.20	12.10	8.40	10.55	
Westborough Hospital,	76.47	74.31	23.53	25.69			10.96	9.81	6.31	7.48	
Boston Insane Hospital,	90.00	96.50	10.00	3.50			19.68	11.87	2.90	2.17	
Insane wards, State Hospital,	66.67	86.67	33.33	13.34			.98	5.62	1.96	1.71	
Asylum for Insane Criminals,	100.00	100.00	- .	-			3.90	4.73	15.58	10.33	
Other public institutions,	-	18.75	-	31.25			-	-	-	-	
Totals and averages, public,	91.07	90.89	8.93	8.91			11.29	10.51	6.17	7.39	
McLean Hospital,	79.16	84.85	20.84	11.74			48.15	42.89	1.85	2.77	
Totals and averages, public and McLean,	90.16	90.45	9.84	9.08			12.89	11.86	5.98	7.20	

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — CON.						
	FORMS OF MENTAL DISEASE — CON.						
	CHRONIC ALCOHOLIC INSANITY.		DEMENTIA PRECOC.		GENERAL PARALYSIS.		COARSE BRAIN LESIONS.
	1908.	Average Four Years, 1903-1908.	1908.	Average Four Years, 1903-1908.	1908.	Average Four Years, 1903-1908.	
Worcester Hospital,	7.33	7.19	28.12	26.07	13.20	11.40	3.53
Tannton Hospital,	5.85	5.84	25.73	26.42	6.43	9.29	2.77
Northampton Hospital,	7.57	6.22	14.34	16.67	3.59	5.78	4.85
Danvers Hospital,	6.20	5.89	17.40	19.70	7.20	9.92	8.40
Westborough Hospital,	3.99	5.08	20.60	23.02	7.64	8.02	5.41
Boston Insane Hospital,	7.42	4.26	12.90	17.21	13.23	13.90	4.01
Insane wards, State Hospital,	15.69	6.67	16.67	11.20	11.76	11.69	6.46
Asylum for Insane Criminals,	18.18	20.24	32.47	35.69	2.60	3.98	2.93
Other public institutions,	-	-	-	-	-	-	-
Totals and averages, public,	6.92	6.31	19.76	21.65	8.35	9.01	4.85
McLean Hospital, . . . . .	.93	.62	9.26	5.69	7.41	11.30	7.17
Totals and averages, public and McLean,	6.66	6.08	19.31	20.98	8.31	9.56	4.94

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Concluded.*

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — Con.					
	FORM OF MENTAL DISEASE — Con.					
	EPILEPTIC INSANITY.		IMBECILITY.		SENILE INSANITY.	
	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.	1908.	Average Four Years, 1905-1908.
Worcester Hospital,	3.18	2.52	1.96	2.18	9.29	10.72
Taunton Hospital,	3.51	3.30	3.80	2.60	13.74	13.88
Northampton Hospital,	3.19	2.83	10.76	11.25	20.32	19.10
Danvers Hospital,	2.60	2.47	6.00	5.24	15.00	12.25
Westborough Hospital,	2.66	1.97	4.65	3.52	17.61	17.27
Boston Insane Hospital,	2.58	1.42	5.16	3.29	19.03	21.32
Insane wards, State Hospital,	3.92	4.13	11.76	13.50	22.55	25.75
Asylum for Insane Criminals,	-	1.21	7.79	7.93	3.90	3.17
Other public institutions,	100.00	100.00	-	-	-	-
Totals and averages, public,	6.59	4.27	5.29	4.71	14.65	14.78
McLean Hospital, . . . . .	.93	.62	-	.32	2.78	6.22
Totals and averages, public and McLean,	6.34	4.10	5.06	4.53	14.13	14.41

TABLE 2. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital.*

INSTITUTIONS.	Number.	PERCENTAGE OF ALL RECOVERIES OF INSANE ON —					
		COMMITMENTS.		WHOLE NUMBER OF PERSONS.		DAILY AVERAGE NUMBER.	
		1908.	Average Two Years, 1907-1908.	1908.	Average Two Years, 1907-1908.	1908.	Average Two Years, 1907-1908.
Worcester Hospital,	84	16.56	15.43	4.96	4.75	7.12	6.89
Taunton Hospital,	49	14.45	12.10	3.56	3.32	5.28	4.93
Northampton Hospital,	32	9.93	10.94	3.02	3.15	4.06	4.28
Danvers Hospital,	88	13.99	12.88	4.61	4.18	6.62	6.13
Westborough Hospital,	87	21.54	21.91	6.67	6.67	9.67	9.94
Boston Insane Hospital,	28	7.33	6.93	2.40	2.27	3.62	3.40
Insane wards, State Hospital,	4	3.51	4.42	.48	.57	.65	.73
Asylum for Insane Criminals,	8	8.25	9.28	1.20	1.48	1.38	1.61
Other public institutions,	—	—	—	—	—	—	—
Totals and averages, public,	380	12.74	12.52	2.85	2.80	3.59	3.53
McLean Hospital,	42	26.09	25.58	11.32	11.61	19.70	20.77
Totals and averages, public and McLean,	422	13.42	13.22	3.09	3.04	3.91	3.87

TABLE 2. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital* — Continued.

FIRST CASES OF INSANITY.											
RECOVERIES.				CURABLE CASES — GROUP A.							
INSTITUTIONS.	Number.	PERCENTAGE OF FIRST CASES.		Number.	PERCENTAGE OF FIRST CASES.			Number.	RECOVERIES.		
		1908.	Average Two Years, 1907-1908.		1908.	Average Four Years, 1905-1908.	Percentage of Such First Cases.		1908.	Average Four Years, 1905-1908.	
Worcester Hospital,	61	14.91	13.05	68	16.63	25.06	59	86.76	65.34		
Taunton Hospital,	37	10.82	9.59	69	20.18	20.79	36	52.17	42.25		
Northampton Hospital,	23	11.16	11.78	74	29.48	26.07	27	36.49	43.82		
Danvers Hospital,	66	13.20	10.82	113	22.60	28.06	63	55.75	44.73		
Westborough Hospital,	68	22.59	21.95	72	23.92	22.89	52	72.22	64.39		
Boston Insane Hospital,	20	6.45	5.87	78	25.16	21.37	18	23.01	31.27		
Insane wards, State Hospital,	3	2.94	3.30	7	6.86	12.99	2	28.57	27.06		
Asylum for Insane Criminals,	8	10.39	10.31	22	28.57	26.42	8	36.36	62.02		
Other public institutions,	-	-	-	-	-	-	-	-	-		
Totals and averages, public,	291	12.21	11.51	503	21.11	23.41	265	52.68	48.77		
McLean Hospital,	24	22.22	19.70	57	52.78	46.66	19	33.33	39.57		
Totals and averages, public and McLean,	315	12.64	11.89	560	22.48	24.45	284	50.71	47.61		

TABLE 2. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital* — Concluded.

INSTITUTIONS.	FIRST CASES OF INSANITY — CON.					
	MANIC DEPRESSIVE INSANITY.			ACUTE ALCOHOLIC INSANITY.		
	Number.	PERCENTAGE OF FIRST CASES.		Number.	PERCENTAGE OF FIRST CASES.	
		1908.	Average Four Years, 1905-1908.		1908.	Average Four Years, 1905-1908.
Worcester Hospital,	40	9.78	10.18	20	4.89	9.16
Taunton Hospital,	33	9.65	9.23	23	6.73	7.05
Northampton Hospital,	51	20.32	15.69	20	7.97	7.62
Danvers Hospital,	46	9.20	12.10	42	8.40	10.55
Westborough Hospital,	34	10.96	9.81	19	6.31	7.48
Boston Insane Hospital,	61	19.68	11.87	9	2.90	2.17
Insane wards, State Hospital,	1	.98	5.62	2	1.96	1.71
Asylum for Insane Criminals,	3	3.90	4.73	12	15.58	10.33
Other public institutions,	-	-	-	-	-	-
Totals and averages, public,	269	11.29	10.51	147	6.17	7.39
McLean Hospital,	52	48.15	42.89	2	1.85	2.77
Totals and averages, public and McLean,	321	12.89	11.86	149	5.98	7.20

TABLE 3. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital.*

INSTITUTIONS.	Number of Deaths.	PERCENTAGE OF DEATHS ON —					
		WHOLE NUMBER OF PERSONS.		DAILY AVERAGE NUMBER.			
		1908.	Average Five Years, 1904-1908.	1908.	Average Five Years, 1904-1908.	1908.	Average Five Years, 1904-1908.
Insane hospitals: —							
Worcester,	120	7.08	8.48	10.16	12.39	34.72	38.62
Taunton,	132	9.66	8.88	14.22	13.27	32.53	38.48
Northampton,	91	8.60	7.30	11.54	10.43	45.64	36.16
Danvers,	205	10.74	9.38	15.42	13.75	39.65	40.10
Westborough,	105	8.05	8.41	11.67	12.52	33.33	35.87
Boston,	127	10.88	11.70	16.41	17.94	49.41	48.03
Totals and averages,	780	9.22	9.01	13.22	13.21	40.31	39.65
Insane asylums: —							
Worcester,	48	4.35	5.50	4.86	6.20	85.71	93.13
Medfield,	64	3.90	4.88	4.34	5.21	92.75	90.10
State Colony,	16	2.76	1.62	3.11	2.08	84.21	43.91
Totals and averages,	128	3.86	4.74	4.26	5.28	88.58	87.88
Hospitals and asylums,	908	7.99	7.93	10.23	10.73	43.30	44.93
Miscellaneous: —							
Insane wards, State Hospital,	106	12.76	13.60	17.31	17.37	77.37	79.74
Asylum for Insane Criminals,	24	3.59	3.49	4.14	4.03	40.00	33.80
Hospital for Epileptics,	26	6.62	5.23	8.02	6.06	72.22	63.86
Fox borough State Hospital,	25	10.08	6.23	13.32	9.66	89.29	53.71
Totals and averages, public,	1,089	8.18	8.32	10.29	10.65	46.54	45.48
McLean,	21	5.66	5.92	9.85	10.28	68.49	26.74
Totals and averages, public and McLean,	1,110	8.12	8.26	10.28	10.65	44.65	44.34

TABLE 3. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital — Concluded.*

PERCENTAGE OF PERSONS WHO DIED AFFECTED WITH CERTAIN PHYSICAL DISEASES.											
INSTITUTIONS.		Tuber- culosis.	Average Four Years, 1903-1908.	Pneumonia.	Average Four Years, 1903-1908.	Organic Cardiac Disease.	Average Four Years, 1903-1908.	Organic Renal Disease.	Average Four Years, 1903-1908.	Malignant Tumors.	Average Four Years, 1905-1908.
Insane hospitals: —											
Worcester,	.	11.67	10.68	25.83	27.66	13.33	11.37	1.67	2.50	6.67	3.80
Taunton,	.	5.30	7.83	15.91	16.93	9.09	5.66	2.27	1.60	1.52	1.00
Northampton,	.	6.59	8.00	4.39	3.93	8.79	9.77	—	1.28	1.10	4.69
Danvers,	.	5.37	12.17	28.78	30.56	7.32	10.97	3.90	4.49	1.46	1.66
Westborough,	.	11.43	12.83	14.29	11.08	9.52	9.18	11.43	8.54	4.76	2.54
Boston, . . .	.	14.96	10.60	11.02	16.55	14.96	7.86	1.58	1.55	.79	.79
Totals and averages,		8.85	10.48	18.46	19.89	10.26	9.23	3.46	3.36	2.56	2.23
Insane asylums: —											
Worcester,	.	35.42	29.92	6.25	17.63	8.33	13.01	4.17	2.81	2.08	2.78
Medfield,	.	26.56	21.79	1.56	2.30	21.88	20.21	1.56	1.38	3.13	4.23
State Colony,	.	37.50	36.87	12.50	4.79	25.00	18.75	—	3.33	12.50	7.30
Totals and averages,		31.25	25.69	4.69	8.49	17.19	17.72	2.34	2.13	3.91	3.99
Hospitals and asylums, . . .		11.99	12.73	16.52	18.18	11.23	10.56	3.30	3.17	2.75	2.50
Miscellaneous: —											
Insane wards, State Hospital,	.	27.36	26.16	12.26	7.84	36.79	26.68	—	.49	.94	1.04
Asylum for Insane Criminals,	.	16.67	28.42	4.17	4.53	12.50	6.72	—	4.55	—	5.01
Hospital for Epileptics,	.	7.69	11.65	15.38	8.71	3.85	2.88	—	3.00	—	—
Foxborough State Hospital,	.	12.00	6.00	4.00	6.84	4.00	6.83	8.00	3.00	—	1.00
Totals and averages, public,		13.50	14.27	15.52	16.56	13.41	12.02	2.75	2.88	2.39	2.33
McLean, . . . . .	.	—	2.50	9.52	7.10	—	1.25	9.52	6.57	4.76	2.19
Totals and averages, public and McLean,		13.24	14.04	15.41	16.42	13.15	11.81	3.06	2.99	2.43	2.33

THE WHOLE NUMBER OF THE FEEBLE-MINDED

under care Oct. 1, 1908, was 1,599, being 1 feeble-minded person to every 1,996 of the estimated population of the State. There were enumerated in the State census of 1905, 2,778 feeble-minded persons, of whom 1,287 were living in the community. This figure is probably far below the actual number, if it were possible to make an accurate enumeration.

The feeble-minded appear under care in institutions and almshouses, and under private care in private institutions. Their number and increase in these locations for the year and the last five years are shown as follows:—

	NUMBER OCT. 1, 1908.			INCREASE OVER PREVIOUS YEARS.					Average Increase, five Years.
	Males.	Females.	Totals.	1908.	1907.	1906.	1905.	1904.	
School for Feeble-minded,	744	539	1,283	65	98	92	181	47	97
Wrentham State School,	49	—	49	39	10				10
Hospital Cottages,	7	9	16	1 ¹	—	2	2 ¹	3 ¹	1 ¹
Almshouses,	106	87	193	7	5 ¹	35 ¹	1 ¹	81 ¹	23 ¹
Total public,	906	635	1,541	110	103	59	178	37 ¹	83
Elm Hill,	43	15	58	2 ¹	1	3 ¹	1 ¹	5 ¹	2 ¹
Total public and private,	949	650	1,599	108	104	56	177	42 ¹	81

¹ Decrease.

THE INCREASE OF THE FEEBLE-MINDED

under care for the year was 108, compared with 104 the previous year, and 81, the average for the last five years.

The number of non-resident feeble-minded was 102, compared with 91 the previous year. Of these, 39 were patients in private institutions, 63 private patients in State institutions.

It is the policy of the State to receive feeble-minded persons from other States only when there is no school for the feeble-minded in such States, and then only in urgent cases. The nonresident patients are paid for at a rate which fully compensates the State for the cost of their maintenance.

The increase of the feeble-minded under public care was 110, compared with 103 the previous year, and 83, the average the last five years.

The decrease of the feeble-minded under private care was 2, compared with an increase of 1 the previous year.

The increase of the feeble-minded in public institutions was 104, compared with 108 the previous year, and 107, the average the last five years.

The increase of the feeble-minded in public institutions is in no sense an index of the increase of feeble-mindedness in the State. It is directly dependent upon the extent of public provision, inasmuch as there are hundreds of such children in urgent need of care who are now living in their homes and elsewhere in the community, but would appear in institutions if adequate accommodation were available for them. Their apparent rapid increase in recent years is due to the policy which the State has pursued of late, and still has need to continue, — of progressively extending provision for this class. Public provision for the feeble-minded has more than doubled during the last seven years.

The State should add on the average 100 beds a year as the minimum requirement for such persons.

THE WHOLE NUMBER OF THE EPILEPTIC

under care Oct. 1, 1908, was 1,198, being 1 epileptic to every 2,665 of the estimated population of the State. There were enumerated in the State census of 1905, 2,140 epileptics, of whom 1,016 were living in the community. This figure is probably far below the actual number if an accurate enumeration could be made.

The epileptic appear under public care in the Hospital for Epileptics, insane hospitals and asylums, and other public institutions, and under private care in private institutions. Details will be found under the Hospital for Epileptics and in Table X. of the Appendix.

Their number and increase in these locations for the year and for the last five years are shown as follows: —

	NUMBER OCT. 1, 1908			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.
	Males.	Females.	Totals.	1908.	1907.	1906.	1905.	1904.	
Hospital for Epileptics, . . .	381	306	687	117	39	10	62	37	53
Insane hospitals and asylums, . .	234	162	396	14	1	23	34	29	20
Other public institutions, . . .	61	42	103	55 ¹	4 ¹	12 ¹	36 ¹	21	17 ¹
Total public,	676	510	1,186	76	36	21	60	87	56
Private institutions,	6	6	12	2 ¹	2	1 ¹	1	2	-
Total public and private, . . .	682	516	1,198	74	38	20	61	89	56

¹ Decrease.

In addition, the overseers of the poor report (March 31, 1908) 18 epileptics in city and town almshouses.

THE INCREASE OF THE EPILEPTIC

under care for the year was 74, compared with 38 the previous year, and 56, the average the last five years.

The increase of the epileptic under public care was 76, compared with 36 the previous year, and 56, the average the last five years.

The decrease of the epileptic under private care was 2, compared with an increase of 2 the previous year.

The increase of the epileptic under public care, like that of the feeble-minded, does not represent the rate of increase in the frequency of occurrence of epilepsy. They are coming under public supervision in greater numbers, probably because of the establishment of a special hospital for them.

It would be wise to continue the recent policy of progressive enlargement of accommodation for this class, especially for children. The experience of the Hospital Cottages for Children, where the average age at admission is about ten years, shows that about 1 in 10 recovers or ceases to have epileptic seizures for a considerable period, whereas adult epileptics have rarely recovered after their admission to the Hospital for Epileptics.

THE WHOLE NUMBER OF INEBRIATES

under hospital care Oct. 1, 1908, was 113, being 1 inebriate to every 28,249 of the estimated population of the State. This number comprises only a very small fraction of the whole

number of inebriates, there being some 20,000 commitments annually to penal institutions, and some 7,000 persons committed for the first time.

It is the intention to exclude from hospital care criminal inebriates and those who are not of good character and reputation apart from habits of inebriety.

The State provides a special hospital for the treatment of male inebriates, but women are excluded therefrom, and continue to be committed as inebriates to State insane hospitals. The private institutions receive only a few such patients.

Their number and distribution in these locations Oct. 1, 1908, are shown as follows:—

	NUMBER Oct. 1, 1908.			DECREASE OVER PREVIOUS YEARS.					Average Decrease, Five Years.
	Males.	Females.	Totals.	1908.	1907.	1906.	1905.	1904.	
Foxborough Hospital,	87	—	87	3	19	44	6	17 ¹	11
Insane hospitals,	—	22	22	9 ¹	7	7 ¹	5	9	1
Total public,	87	22	109	6 ¹	26	37	11	8 ¹	12
Private institutions, .	2	2	4	2 ¹	3	3 ¹		4	
Total public and private,	89	24	113	8 ¹	29	34	11	4 ¹	12

¹ Increase.

THE INCREASE OF THE INEBRIATES

under hospital care was 8, compared with a decrease of 29 the previous year, and 12, the average decrease the last five years.

The increase of the inebriates under public care was 6, compared with a decrease of 26 the previous year, and 12, the average decrease the last five years.

The number under private care shows little variation.

The effort to eliminate the criminal and unsuitable class of inebriates from hospital care accounts largely for the decrease in their number in comparison with four years ago.

Further details in regard to inebriates will be found under Foxborough State Hospital and in Table X. of the Appendix.

THE STATE DEBT

Dec. 1, 1908, on account of institutions for the insane, feeble-minded, epileptic and inebriates, under supervision of the Board, was \$4,634,250, an increase of \$121,200 during the year. The annual interest charge was \$159,848.50, an increase of \$4,242. The details for each institution are:—

INSTITUTIONS.	LOANS.			INTEREST.		Loan Sinking Fund.
	Issued.	Due.	Amount Dec. 1, 1908.	1908.	Increase for the Year.	
Insane hospitals:—						
Worcester,	1901-1907	1931-1936	\$173,000 00	—	\$6,055 00	Prisons and hospitals.
Taunton,	1901-1906	1931-1936	245,000 00	—	8,401 00	Prisons and hospitals.
Northampton,	1901-1907	1931-1934 ¹	173,000 00	—	5,895 00	Prisons and hospitals.
Danvers,	1901-1908	1931-1937	232,400 00	\$33,800 00	7,964 00	Prisons and hospitals.
Westborough,	1901-1908	1931-1937	404,300 00	28,400 00	13,887 50	Prisons and hospitals.
Totals,	—	—	\$1,234,300 00	\$62,200 00	\$42,202 50	\$2,177 00
Insane asylums:—						
Worcester,	1902-1906	1931-1935	\$370,500 00	—	\$12,967 50	Prisons and hospitals.
Medfield,	1894-1907	1924-1936	1,463,800 00	—	51,443 00	Medfield Asylum.
State Colony,	1902-1906	1931-1935	440,200 00	—	15,407 00	Prisons and hospitals.
Totals,	—	—	\$2,280,500 00	—	\$79,817 50	—
Hospitals and asylums,	—	—	\$3,514,800 00	\$62,200 00	\$122,020 00	\$2,177 60
Miscellaneous:—						
Hospital for Epileptics,	1895-1907	1925-1936	\$548,450 00	—	\$17,843 50	Prisons and hospitals.
Foxborough State Hospital,	1905-1907	1935-1	130,000 00	—	4,550 00	Prisons and hospitals.
School for the Feeble-minded,	1902-1908	1931-1937 ¹	366,000 00	\$34,000 00	12,810 00	\$1,190 00
Wrentham State School,	1906-1908	1935-1937 ¹	75,000 00	25,000 00	2,625 00	875 00
Totals,	—	—	\$1,119,450 00	\$59,000 00	\$37,828 50	\$2,065 00
Aggregates,	—	—	\$4,634,250 00	\$121,200 00	\$150,848 50	\$4,242 00

¹ Due in part after one year at the option of the State Treasurer.

THE VALUATION OF INSTITUTIONS

for such, Dec. 1, 1908, was \$12,505,172.45, increase, \$464,179.71; real, \$10,582,626.24, increase, \$415,365.99; personal, \$1,922,546.21, increase, \$48,809.72.

The details for each institution are set forth in Tables III. and IV. of the Appendix.

STATE EXPENSES

on account of these classes are incurred by the State Board, at the institutions under its supervision and in family care of the harmless insane. They amounted to \$3,029,683.05 for the year, an increase of \$137,521.53.

EXPENSES OF THE STATE BOARD

were \$6,386.96 for office, travelling and contingent expenses and printing its annual report; \$26,787.35 for salaries; \$7,772.92 for transportation and deportation of patients.

Details of these expenses may be found in the financial statement of the Board on a later page.

EXPENSES AT INSTITUTIONS

for the insane, feeble-minded, epileptic, inebriate and of the harmless insane boarded in families were \$2,988,735.82, of which \$2,445,564.18 were for maintenance, \$224,488.23 depreciation, and \$318,683.41 increasing value of institution plants.

RECEIPTS

for the fiscal year by refunds to the State Board were \$57.58; for support of patients in family care, \$1,549.04; for support of patients in institutions and from sales and other sources connected therewith, \$468,100.02; a total of \$469,706.64, which leaves the net expense on account of these classes \$2,559,976.41.

Such expenses and receipts are classified in the following table:—

Receipts and Expenses on Account of Institutions for the Insane, Feeble-minded, Epileptic and Inebriate, for the Fiscal Year ending Nov. 30, 1908.

	EXPENSES.				Total Receipts.	Net Expenses.
	Increasing Value of Plant.	Depreciation.	Maintenance, exclusive of Repairs and Improvements.	Total Expenses.		
State Board of Insanity:—						
Office, travelling and contingent expenses, salaries, and printing annual report,	-	-	-	\$3,174 31	\$7 00	\$33,167 31
Transportation and deportation of patients,	-	-	-	7,172 92	50 58	7,122 34
Totals,	-	-	-	\$40,947 23	\$57 58	\$40,889 65
Insane:—						
Insane hospitals:—						
Worcester,	\$8,265 61	\$27,515 16	\$258,147 37	\$293,928 14	\$69,679 74	\$224,248 40
Taunton,	-	15,037 93	213,804 39	228,842 32	34,892 09	194,010 23
Northampton,	14,697 58	12,089 83	147,373 09	174,070 50	46,485 86	127,584 64
Danvers,	31,714 89	32,748 60	247,462 29	311,925 78	61,965 74	249,960 04
Westborough,	43,300 84	16,541 04	223,696 69	283,538 57	67,932 07	215,606 50
Boston,	-	-	112,558 63 1	112,558 65	2,879 32	109,679 33
Totals,	\$97,888 92	\$103,992 56	\$1,203,042 48	\$1,404,923 96	\$283,834 82	\$1,121,089 14
Insane asylums:—						
Worcester,	\$43,431 95	\$22,302 12	\$188,697 87	\$254,431 94	\$5,202 08	\$249,229 86
Medfield,	12,269 79	28,348 41	292,577 52	333,195 72	9,550 16	323,645 56
State Colony,	20,991 33	8,931 01	90,074 49	120,056 83	1,203 21	121,260 04
Totals,	\$77,193 07	\$59,641 54	\$571,349 88	\$708,184 49	\$15,955 45	\$692,229 04
Hospitals and asylums,	\$175,081 99	\$163,634 10	\$1,774,392 36	\$2,113,108 45	\$299,790 27	\$1,813,318 18
Miscellaneous:—						
Insane wards, State Hospital,	-	\$9,483 85	\$99,940 26	\$109,424 11	\$871 16	\$108,552 95
Asylum for Insane Criminals,	\$8,616 09	3,962 13	73,199 69	85,777 91	4,165 67	81,612 24

Hospital for Epileptics (insane), Foxborough State Hospital (insane),	11,429 99 3,420 72	7,335 52 2,305 32	69,411 99 30,895 37	88,177 50 36,621 42	6,029 33 625 18	82,148 17 36,996 24
Totals,	\$23,466 80	\$23,106 82	\$273,447 31	\$320,020 93	\$11,681 34	\$308,339 59
Total institutions for the insane,	\$198,548 79	\$186,740 92	\$2,047,839 67	\$2,433,129 38	\$311,471 61	\$2,121,657 77
Family care,	—	—	\$33,377 51	\$33,377 51	\$1,549 04	\$31,828 47
Total for the insane,	\$198,548 79	\$186,740 92	\$2,081,217 18	\$2,466,506 89	\$313,020 65	\$2,153,486 24
Feeble-minded: —						
School for the Feeble-minded,	\$63,084 17	\$24,568 33	\$215,280 47	\$302,932 97	\$96,630 45	\$206,302 52
Wrentham State School,	39,605 96	1,778 79	12,753 77	54,138 52	718 96	53,419 56
Reimbursements to small towns,	—	—	727 18	727 18	—	727 18
Total for the feeble-minded,	\$102,690 13	\$26,347 12	\$228,761 42	\$357,798 67	\$97,349 41	\$260,449 26
Epileptic: —						
Hospital for Epileptics (sane),	\$11,077 21	\$7,109 11	\$67,269 66	\$85,455 98	\$45,251 27 ²	\$40,204 71
Hospital Cottages for Children,	—	—	4,280 07 ¹	4,280 07	—	4,280 07
Reimbursements to small towns,	—	—	486 78	486 78	—	486 78
Total for the epileptic,	\$11,077 21	\$7,109 11	\$72,036 51	\$90,222 83	\$45,251 27	\$44,971 56
Inebriates: —						
Foxborough State Hospital,	\$6,367 28	\$4,291 08	\$57,508 23 ³	\$68,166 59	\$14,027 73 ²	\$54,138 86
Insane hospitals,	—	—	6,040 84	6,040 84	—	6,040 84
Total for the inebriate,	\$6,367 28	\$4,291 08	\$63,549 07	\$74,207 43	\$14,027 73	\$60,179 70
Aggregates,	\$318,683 41	\$224,488 23	\$2,445,564 18	\$3,029,683 05	\$469,706 64	\$2,559,976 41

³ Includes expenditures for industries.¹ Board of State charges, at \$3.25 a week.² Includes all receipts from cities and towns and receipts from industries.

THE WHOLE COST OF SUPPORT

of a patient in a State institution comprises: (1) the interest on the investment, computed for this purpose at the average rate of interest on loans to the State, during the current fiscal year, on the per capita valuation of the institution plant at the beginning of the year; (2) depreciation, being total expenditures for repairs and renewals both from special and maintenance appropriations, the expenses classed as "repairs and improvements" in the analysis of maintenance expenses corresponding to this charge; (3) maintenance, being all expenditures from maintenance appropriations, exclusive of repairs and minor improvements.

THE WHOLE WEEKLY PER CAPITA COST OF SUPPORT

for the fiscal year ending Nov. 30, 1908, averaged for all classes \$4.81, an increase over the previous year of \$0.13. The interest on investment amounted to \$0.66 per capita a week, depreciation to \$0.37, and maintenance exclusive of repairs and minor improvements to \$3.78.

Receipts amounted to \$0.77 per capita a week, so that the whole net per capita cost to the State was \$4.04 a week.

CURRENT EXPENSES

of these institutions, being all expenditures for maintenance and depreciation, averaged \$4.15 a week per capita. The net current expenses after deduction of receipts were \$3.38 a week per capita.

THE SUPPORT OF THE INSANE.

was most expensive, being \$5 a week per capita, compared with \$4.81 for all classes. The interest charge was \$0.07 a week per capita more, the depreciation charge was \$0.01 a week per capita more and the maintenance charge \$0.11 more.

It is to be noted that the insane in *hospitals* were supported at an average cost of \$5.18 a week per capita, compared with \$4.69 in *asylums*. Such increase is largely due to a greater expense in maintenance, being \$0.40 a week per capita more in hospitals. The hospitals receive the new patients from the

community, and require a more expensive medical and nursing staff; while the asylums receive only chronic cases by transfer from the hospitals, who need relatively less expensive treatment.

The interest charge was \$0.09 a week more per capita in hospitals, and the depreciation charge was the same.

In the comparison of receipts of the different institutions it should be borne in mind that the State supports all the dependent insane, so that there is no income from cities and towns for the board of such patients; but, on the other hand, cities and towns support such inmates as are chargeable to them at the School for the Feeble-minded, the Wrentham State School, the Hospital for Epileptics and the Foxborough State Hospital, thus accounting for the relatively large receipts of these institutions. The large receipts of insane *hospitals* are for board of private patients, while the small receipts of the *asylums* are due to the exclusion of private patients.

Further details are set forth for each institution in the following table: —

Whole Weekly Per Capita Cost of Support of a Patient in the Institutions for the Insane, Feeble-minded, Epileptic and Inebriates, for the Fiscal Year ending Nov. 30, 1908.

INSTITUTIONS.	Average Number of Patients, 1908.	Valuation of Plant, 1907.	Per Capita Valuation.	WEEKLY PER CAPITA COST.			
				Interest 3.45 Per Cent.	Depreciation.	Maintenance, exclusive of Repairs and Improvements.	Gross Cost. Receipts. Net Cost.
Insane hospitals:—							
Worcester,	1,202	\$1,716,824 73	\$1,428 31	\$0.95	\$0.44	\$4.16	\$5.55 \$1.11 \$4.44
Taunton,	933	764,418 32	819 31	.54	.31	4.43	5.28 4.56
Northampton,	802	797,803 74	994 88	.66	.29	3.53	4.48 1.11 3.37
Danvers,	1,356	1,811,910 11	1,336 22	.89	.46	3.53	4.88 4.00
Westborough,	926	886,135 56	956 95	.63	.34	4.68	5.65 1.41 4.24
Totals and averages,	5,219	\$5,977,182 46	\$1,145 27	\$0.76	\$0.38	\$4.04	\$5.18 \$1.04 \$4.14
Insane asylums:—							
Worcester,	997	\$891,371 53	\$894 05	\$0.59	\$0.43	\$3.64	\$4.65 \$0.10 \$4.56
Medfield,	1,497	1,685,682 40	1,126 04	.75	.36	3.76	4.87 4.75
State Colony,	527	452,084 18	857 84	.57	.33	3.29	4.19 4.15
Totals and averages,	3,021	\$3,029,138 11	\$1,002 69	\$0.67	\$0.38	\$3.64	\$4.69 \$0.10 \$4.59
Hospitals and asylums,	8,240	\$9,006,320 57	\$1,093 00	\$0.73	\$0.38	\$3.89	\$5.00 \$0.69 \$4.31
Miscellaneous:—							
Hospital for Epileptics,	657	\$612,416 84	\$932 14	\$0.62	\$0.42	\$4.00	\$5.04 \$1.50 1 \$3.54
Foxborough State Hospital,	295	332,994 18	1,128 79	.75	.43	5.76	6.94 3.96 1 3.98
School for the Feeble-minded,	1,243	846,029 15	680 63	.45	.38	3.33	4.16 1.49 1 2.67
Wrentham State School,	33	58,178 50	1,762 98	1.17	1.04	7.43	9.64 4.21 9.22
Totals and averages,	2,228	\$1,849,618 67	\$830 17	\$0.55	\$0.41	* \$3.91	\$4.87 \$1.41 \$3.46
Aggregates,	10,468	\$10,855,339 24	\$1,037 06	\$0.69	\$0.39	\$3.90	\$4.98 \$0.85 \$4.13
State Hospital,	620	\$412,419 73	\$665 19	\$0.44	\$0.29	\$3.10	\$3.83 \$0.03 \$3.80
State Farm,	588	325,281 35	553 20	.37	.13	2.39	2.89 .14 2.75
Totals and averages,	1,208	\$737,701 08	\$610 68	\$0.41	\$0.21	\$2.76	\$3.38 \$0.08 \$3.30
Aggregates,	11,676	\$11,593,640 32	\$992 95	\$0.66	\$0.37	\$3.78	\$4.81 \$0.77 \$4.04

1 Includes receipts for support of city and town cases.

STATE APPROPRIATIONS

to institutions are made in two forms: (1) special, and (2) maintenance.

Special appropriations are now made, in the main, for land, buildings and improvements adding to original value of the institution plant. Only \$5,284.84 was expended from special appropriations for repairs and renewals during the fiscal year.

Maintenance appropriations provide for current expenses, inclusive of repairs and renewals. Expenditures from such appropriations for repairs and renewals were \$219,203.39 (inclusive of labor) during the fiscal year.

In making estimates for appropriations this distinction should be strictly observed. All repairs and renewals necessary to the up-keep of an institution should be included under the head of "repairs and improvements" in the classification of maintenance expenses. Only incidental improvements necessarily involved in repair and replacement should be so included. Special appropriations should provide only for new work adding to original value of the plant.

EXPENDITURES FROM SPECIAL APPROPRIATIONS

to institutions for the insane, feeble-minded, epileptic and Foxborough State Hospital during the fiscal year amounted to \$323,966.25, compared with \$454,587.86 the previous year, and \$662,518.49, the average the last five years.

There was expended for land the sum of \$3,158.20; buildings, \$202,794.91; first furnishing and equipping, \$32,755.99; water supply, \$47,055.92; all other purposes adding to original value of the plant, \$32,918.39; repairs and renewals, \$5,282.84.

Such expenditures are much below the average, and below the minimum requirement for these purposes, if overcrowding the insane be avoided, and if the policy of steady and progressive extension of accommodation for feeble-minded and epileptic children be continued.

EXPENDITURES FROM MAINTENANCE APPROPRIATIONS

to such institutions, inclusive of repairs and (minor) improvements, amounted to \$2,513,339.38, compared with \$2,273,155.62 the previous year, and \$2,257,544.98, the average the last five years.

Salaries, wages and labor amounted to \$952,047.75, compared with \$837,287.64 the previous year.

Food supplies cost \$627,872.19, compared with \$563,122.51.

Clothing and clothing material cost \$107,088.03, compared with \$97,579.45.

Furnishings cost \$90,620.22, compared with \$90,436.70.

Heat, light and power cost \$236,841.35, compared with \$208,003.93.

Repairs and improvements cost \$139,156.86 (exclusive of labor), compared with \$139,043.03.

Farm, stable and grounds cost \$190,409.42, compared with \$173,598.72.

Miscellaneous expenses cost \$169,303.56, compared with \$164,093.64.

Details of such expenses for each institution may be found in Table VI. of the Appendix.

INCREASE OF MAINTENANCE EXPENSES

over the previous year was \$240,183.76, or 10.57 per cent. This is accounted for, in part, by an increase of patients cared for in these institutions. In 1908, 11,676 patients were cared for, compared with 10,978 the previous year, an increase of 698, or 6.36 per cent.

Shortening hours of labor, higher wages and higher prices of food and other supplies were the other main factors in increasing expenses.

The increase in salaries, wages and labor was \$114,760.11. The hours of labor have been gradually shortened, in response to an urgent public demand during the last five years, and have not yet been reduced to the average outside of institutions.

The increase in cost of food was \$64,759.68. This increase is accounted for by increase in the number of persons fed and the higher prices of food supplies.

The increase in cost of clothing and clothing material was \$9,508.58. Prices of clothing were higher. Friends of patients furnish a variable amount from year to year.

The increase in cost of furnishings was only \$183.52.

The increase in cost of heat, light and power was \$28,837.42. The heating of new buildings for the accommodation of additional patients would account in part for this increase. The stock of coal on hand at the end of the year was \$12,969.46 more than at the beginning.

The increase in cost of repairs and improvements was \$113.83. Such expenditures vary from year to year, according to the needs in each case.

The increase in cost of farm, stable and grounds was \$16,810.70. This was largely due to the high prices of grain for stock.

Miscellaneous expenses increased \$5,209.92.

THE WEEKLY PER CAPITA COST

of maintenance averaged in these institutions \$4.09, based on net expenses. Net expenses represent every expenditure from maintenance funds made on account of the institutions. They are the gross maintenance expenses, less receipts, except for support of patients. Such receipts are income from sale of products, other earnings of the various departments, or repayments for articles purchased for the use of employees and sold to them at cost, *e.g.*, cloth for nurses' uniforms, which is bought by the institution in order that the same material may be used and obtained at the lowest price.

This sum includes an average weekly expenditure of \$0.36 for repairs and improvements (inclusive of labor), so that the net cost of maintenance, exclusive of depreciation charges, was \$3.73.

In the insane hospitals the weekly cost averaged \$4.36, compared with \$4.22 the previous year, an increase of \$0.14, or 3.32 per cent.

In the insane asylums the weekly cost averaged \$3.99, compared with \$3.65 the previous year, an increase of \$0.34, or 9.32 per cent.

In the insane hospitals and asylums together the weekly cost

averaged \$4.23, compared with \$4.01 the previous year, an increase of \$0.22, or 5.49 per cent.

The cost in hospitals and asylums fairly represents the average for all classes of the insane.

Further information in regard to weekly per capita cost for each institution will be found in Table VI. of the Appendix.

THE METHOD OF SUPPORT

of patients in such institutions is *private*, if the whole expense be paid from private resources; *reimbursing*, if a part be paid from private resources; and *public*, if the whole be paid by the State or municipality.

The insane are supported by the State so far as they become public charges.

With the same qualification, the feeble-minded and epileptic in public institutions and the inebriates at the Foxborough State Hospital are supported by municipalities if they have settlements therein, and by the State if there be no such settlement.

SUPPORT STATUS OF THE INSANE

on Oct. 1, 1908, and on the average for the year, is shown in the following tabulation:—

NUMBER OCT. 1, 1908.				AVERAGE NUMBER, OCT. 1, 1907, TO SEPT. 30, 1908.									
	State.	Reim- bursing.	Private.	Total.	STATE.		REIMBURSING.			PRIVATE.			Total.
					Number.	Percentage.	Number.	Percentage.	Average Rate of Board.	Number.	Percentage.	Average Rate of Board.	
Public institutions, . . .	9,636	563	792	10,901	9,301	87.90	511	4.83	3.06	769	7.27	5.47	10,581
Family care, . . .	209	6	29	244	217	86.45	5	1.99	2.75	29	11.56	4.15 1	251
Total public, . . .	9,845	569	821	11,235	9,518	87.87	516	4.76	3.05	798	7.37	5.44	10,832
Private institutions, . . .	-	-	309	309	-	-	-	-	-	306	-	-	306
Total public and private, .	9,845	569	1,130	11,544	9,518	85.46	516	4.63	-	1,104	9.91	-	11,138
Percentages, . . .	85.28	4.93	9.79	-	85.46	-	4.63	-	-	9.91	-	-	-

¹ Exclusive of 13 self-supporting and 6 living with friends without public aid.

It thus appears that 9,518 patients under public care, or 87.87 per cent., were State charges during the year, compared with 87.92 per cent. the previous year; that 516, or 4.76 per cent., were reimbursing, compared with 4.67 per cent. the previous year; and that 798, or 7.37 per cent., were private, compared with 7.41 per cent. the previous year.

The average weekly rate of private board was \$5.44, compared with \$5.36 the previous year; the average reimbursing rate was \$3.05, compared with \$3.01 the previous year.

THE CAPACITY FOR PATIENTS

in all the institutions Oct. 1, 1908, was 12,688, compared with 12,638 the previous year, an increase of 50 beds. The whole number of patients in them was 12,792, compared with 11,830 the previous year, an increase of 962. Hence there is a deficiency of provision for 104 patients, or .82 per cent.

Work was in progress at the close of the year or appropriations had been granted for 135 new beds for the insane, 210 beds for the feeble-minded, none for the epileptic, — a total of 345 prospective beds, compared with 217 the previous year. If it be borne in mind that the average annual increase of these classes is not less than 500, and that an average of two years or more elapses before the occupancy of a building after an appropriation has been made therefor, it will appear that there is urgent necessity for making appropriations for new provision, as recommended in the estimates later presented.

Working Capacities.

WORKING CAPACITIES.					TOTALS.		
	MEN.		WOMEN.		Oct. 1, 1908.	Increase for the Year.	Increase for the Year.
	Oct. 1, 1908.	Increase for the Year.	Oct. 1, 1908.	Increase for the Year.			
Insane hospitals:—							
Worcester,	646	35	590	—	1,236	35	
Taunton,	504	—	420	5	924	5	
Northampton,	427	—	392	1	819	1	
Danvers,	584	—	790	—	1,374	—	
Westborough,	361	17 1	571	6	932	11 1	
Boston,	310	—	454	—	764	—	
Totals,	2,832	18	3,217	12	6,049	30	
Insane asylums:—							
Worcester,	494	35 1	448	17 1	942	52 1	
Medfield,	637	—	991	19	1,538	19	
State Colony,	356	—	171	—	527	—	
Totals,	1,487	35 1	1,620	2	3,007	33 1	
Hospitals and asylums,	4,319	17 1	4,737	14	9,056	31	
Insane wards, State Hospital,	177	—	482	5	659	5	
Asylum for Insane Criminals,	662	—	—	—	662	—	
Foxborough State Hospital (insane),	197	—	—	—	197	—	
Totals,	1,036	—	482	5	1,518	5	
Total insane,	5,355	17 1	5,219	19	10,574	2	
Miscellaneous:—							
Hospital for Epileptics (sane and insane),	333	—	346	—	699	—	
Foxborough State Hospital (inebriate),	103	8	—	—	103	8	
School for the Feeble-minded,	761	—	501	—	1,262	—	
Wrentham State School,	50	40	—	—	50	40	
Totals,	1,267	48	847	—	2,114	48	
Aggregates,	6,622	31	6,066	19	12,688	50	

1 Decrease.

Working Capacities — Concluded.

	NUMBER OF PATIENTS OCT. 1, 1908.			Increase for the Year.	EXCESS OF PATIENTS.				
	Men.	Women.	Totals.		Number of Men.	Number of Women.	TOTALS.		
							Number.	Percentage.	
Insane hospitals:—									
Worcester,	606	610	1,216	56	401	20	201	1.62 1	
Taunton,	494	408	902	12	101	121	221	2.38 1	
Northampton,	431	398	829	103	4	6	10	1.22	
Danvers,	596	790	1,386	131	12	—	12	.87	
Westborough,	340	571	911	27	211	—	211	2.25	
Boston,	328	486	814	54	18	32	50	6.54	
Totals,	2,795	3,263	6,058	359	371	46	9	.14	
Insane asylums:—									
Worcester,	488	547	1,035	60	61	99	93	9.87	
Medfield,	619	950	1,569	120	181	49	31	2.02	
State Colony,	365	177	542	80	9	6	15	2.85	
Totals,	1,472	1,674	3,146	260	151	154	139	4.62	
Hospitals and asylums, .	4,267	4,937	9,204	619	521	200	148	1.63	
Insane wards, State Hospital,	182	479	661	49	5	41	2	.30	
Asylum for Insane Criminals,	610	—	610	43	521	—	521	7.85 1	
Foxborough State Hospital (insane),	212	—	212	34	15	—	15	7.61	
Totals,	1,004	479	1,483	126	321	41	351	2.31 1	
Total insane,	5,271	5,416	10,687	745	841	196	113	1.07	
Miscellaneous:—									
Hospital for Epileptics (sane and insane),	380	306	686	116	27	401	131	1.86 1	
Foxborough State Hospital (inebriate),	87	—	87	32	161	—	161	15.53 1	
School for the Feeble-minded,	744	539	1,283	65	171	38	21	1.66	
Wrentham State School,	49	—	49	39	11	—	11	2.00 1	
Totals,	1,260	845	2,105	217	71	21	91	.42 1	
Aggregates,	6,531	6,261	12,792	962	911	194	104	.82	

1 Deficiency of patients.

2 Decrease.

THE STABILITY OF SERVICE

in the different institutions was greater than the previous year. There were 2.1 rotations of all employees, compared with 2.7 rotations the previous year; 2.55 in the nursing staff, compared with 3.3 the previous year. The maximum stability for the whole service was at the Worcester Hospital, where there were only 1.17 rotations, and for the nursing staff at the Hospital for Epileptics, where there were 1.89 rotations. The maximum instability was again at the Worcester Asylum, where the whole corps of employees averaged to rotate 3.44 times, compared with 5.1 times the previous year, while the nursing staff averaged to rotate 4.29 times, compared with 7.7 times the previous year.

The average length of service of all employees was 5.80 months; of all nurses, 4.79 months; men nurses, 3.94 months; women nurses, 5.69 months.

The average shortage of employees was 7 per cent., compared with 10 per cent. the previous year. On the whole, there has been distinct improvement in the quality and length of service in all departments of the institutions owing to business depression, increase of wages, shortening of hours, and gradually improving conditions of living.

ESTIMATES OF STATE EXPENSES FOR 1909

on account of the insane, feeble-minded, epileptic and inebriates in Foxborough State Hospital amount to \$3,254,982.89, excluding estimates for maintenance of the insane departments at the State Hospital and the State Farm, whose estimates are inseparable from those of the institutions as a whole, which are supervised by the State Board of Charity. They comprise estimates by the State Board and by the State institutions.

ESTIMATES BY THE STATE BOARD

- For travelling, office and contingent expenses, including the printing and binding of the annual report, \$7,000
 The increase of \$500 in this estimate is required to meet additional expenses for travel and printing.
- For salaries of officers and employees, 29,300
 The increase of \$2,400 in this estimate is necessary because of additional work and the regular salary advances based on length of service.
- For transportation and medical examination of State paupers under the charge of the Board, 11,500
 This estimate is the same as the previous year.
- For the support of insane paupers boarded out in families under the charge of the Board, 38,000
 This estimate is the same as the previous year.
- For the support of State paupers in the Hospital Cottages for Children, 12,000
 The increase of \$8,500 in this estimate is due to the necessity of supporting as State charges in this institution epileptic patients, who, prior to Dec. 1, 1908, were supported by cities and towns.
- The appropriation for the support of insane persons in the Boston Insane Hospital will not be needed, because the State will assume the expense of their support after Dec. 1, 1908, according to the provisions of chapter 613, Acts of 1908.
- The appropriation for the support of certain feeble-minded persons and children having settlement in certain small towns will not be needed, because the State will assume the expense of their support after Dec. 1, 1908, according to the provisions of chapter 629, Acts of 1908.

In acquiring the property described in section 3, chapter 613, Acts of 1908, the Board finds it necessary to incur a

moderate expense in its appraisal. The Board finds it difficult to determine the exact amount needed for the purpose, but after consultation with the Attorney-General, under whose direction the purchase is being negotiated, recommends the appropriation of a sum not exceeding \$1,000.

ESTIMATES BY STATE INSTITUTIONS

relate (1) to maintenance expenses, inclusive of repairs and improvements, and (2) special expenditures for new buildings, additions, new furnishings and equipment, in the main.

ESTIMATES FOR MAINTENANCE EXPENSES

of the State institutions have been considered by the Board, as required by chapter 184, Acts of 1906, and are approved according to the following classification: —

Comparative Estimates for Maintenance During Fiscal Year 1909.

	AVERAGE NUMBER OF PATIENTS.		Salaries, Wages and Labor.	Food.	Clothing.	Furnishings.	Heat, Light and Power.	Repairs and Improvements.	Farm, Stable and Grounds.	Miscellaneous.	Total.
	1908.	1909 (estimated).									
Worcester Hospital,	1,202	1,250	\$107,000 00	\$90,025 00	\$12,600 00	\$12,300 00	\$26,300 00	\$18,137 00	\$20,975 00	\$17,275 00	\$303,612 00
Taunton Hospital,	933	940	97,300 00	60,000 00	6,000 00	10,000 00	22,600 00	6,700 00	15,000 00	19,000 00	236,600 00
Northampton Hospital,	802	840	66,000 00	48,000 00	5,500 00	7,500 00	13,000 00	9,000 00	15,000 00	11,000 00	175,000 00
Danvers Hospital,	1,356	1,425	112,000 00	67,000 00	12,500 00	11,000 00	27,500 00	18,000 00	22,000 00	24,000 00	294,000 00
Westborough Hospital,	926	940	108,000 00	57,000 00	6,000 00	12,000 00	24,000 00	13,000 00	16,000 00	16,000 00	252,000 00
Worcester Asylum,	997	1,075	108,000 00	58,000 00	14,000 00	10,000 00	25,000 00	13,000 00	15,000 00	15,000 00	258,000 00
Medfield Asylum,	1,497	1,575	126,000 00	82,000 00	19,500 00	7,500 00	20,400 00	17,000 00	25,000 00	12,600 00	310,000 00
State Colony,	527	540	39,000 00	23,000 00	6,000 00	3,500 00	9,000 00	6,500 00	11,000 00	7,000 00	105,000 00
Hospital for Epileptics,	657	700	75,000 00	34,000 00	4,200 00	6,000 00	14,000 00	8,000 00	10,500 00	9,500 00	161,200 00
Foxborough Hospital,	295	325	30,700 00	23,800 00	3,200 00	3,300 00	11,000 00	8,300 00	7,000 00	10,400 00	97,700 00
School for the Feeble-minded,	1,243	1,387	104,000 00	65,000 00	12,000 00	8,000 00	23,000 00	17,000 00	21,000 00	15,820 89 ¹	265,820 89
Wrentham State School,	33	50	7,650 00	3,500 00	1,500 00	350 00	4,500 00	500 00	3,500 00	1,500 00	23,000 00
Total,	10,468	11,047	\$980,650 00	\$611,325 00	\$104,000 00	\$91,450 00	\$220,300 00	\$133,137 00	\$181,975 00	\$159,095 89	\$2,481,932 89
Boston Hospital,	781	775	80,000 00	44,000 00	5,000 00	8,700 00	35,400 00	10,000 00	10,000 00	11,100 00	204,200 00
Aggregate,	11,249	11,822	\$1,060,650 00	\$655,325 00	\$109,000 00	\$100,150 00	\$255,700 00	\$143,137 00	\$191,975 00	\$170,195 89	\$2,686,132 89
Expenses 1908 (exclusive of Boston),	-	-	\$901,926 35	\$574,524 59	\$94,006 46	\$84,866 25	\$212,690 83	\$127,278 32	\$180,261 72	\$151,177 13	\$2,320,731 65
Increase 1909 (exclusive of Boston),	-	579	\$78,723 65	\$26,800 41	\$9,993 54	\$6,583 75	\$7,609 17	\$5,858 68	\$1,713 28	\$7,918 76	\$155,201 24
Receipts in treasury December 1,	-	-	-	-	-	-	-	-	-	-	\$460,443 87
Total to be appropriated in addition to receipts,	-	-	-	-	-	-	-	-	-	-	\$2,225,689 02

¹ Includes \$820.89 for disposal of sewage.

It thus appears that the estimates for maintenance of State institutions under the supervision of the Board, exclusive of the State Hospital, State Farm and the Boston State Hospital, amount to \$2,481,932.89, compared with \$2,326,731.65 expended in 1908, — an increase of \$155,201.24, or 6.67 per cent.

The average number of inmates of these institutions next year is estimated to be 11,047, compared with 10,468 the past year, — an increase of 579, or 5.53 per cent.

The increase in this year's estimates is largely due to the increase in the number of inmates to be cared for. The estimates for salaries, wages and labor call for an increase of \$78,723.65, or 51.12 per cent. of the total increase of maintenance expenses. The estimates for food call for an increase of \$36,800.41, or 23.89 per cent. of the total increase of maintenance expenses. These two items account for 75 per cent. of the total of maintenance expenses.

The Boston Insane Hospital became a State hospital Dec. 1, 1908, under the provisions of chapter 613, Acts of 1908, and therefore appears for the first time for consideration in this connection. The trustees' estimate of maintenance expenses is \$204,000, compared with \$165,000 (estimated in part) expended in 1908, — an increase of \$39,000. This estimate does not represent an average year's expenses of the institution, owing in part to the fact that the stock of supplies on hand was reduced during the year, and the expenditure for repairs and minor improvements fell far below the average. There is also a necessary increase for shortening the hours of duty and advancing the wages of nurses to the standard in State hospitals. As a city institution, the cost of water was not charged to its account, nor any assessment for the use of sewers. These are, therefore, additional expenses to the State.

ESTIMATES FOR SPECIAL APPROPRIATIONS

of the State institutions under the supervision of the Board have been considered in compliance with section 4, chapter 87, Revised Laws, and are classified below under the title of each institution, with the expression of the Board's opinion as to the necessity and amount of appropriations required.

The sum of these estimates as approved by the State Board

is \$471,050, compared with \$502,325 approved last year, and \$364,225 appropriated. In addition, the sum of \$117,102.14 has been recommended in the Board's special report (Senate, No. 141), in compliance with chapter 626, Acts of the Legislature of 1908, for the purchase of land in Boston and Lexington. The average sum appropriated for these purposes annually for the last ten years is \$497,772.84.

The appropriations of the last three years have been below the average requirement.

Worcester Hospital.

Purchase of land, \$18,000

The above estimate is approved by the State Board.

As the Board stated last year, the purchase of this land is very important, in view of the future needs of the hospital. It borders land owned by the State close to the present buildings. If it should be occupied by private dwellings, their nearness to the hospital would occasion serious complaints by the public or restrict the usefulness of the institution. It is the only available location for future farm buildings and employees' houses when it becomes necessary to remove them farther from the public.

Taunton Hospital.

Extension of sewerage system, \$6,800

The above estimate is approved by the State Board.

Northampton Hospital.

The trustees request an appropriation of \$2,000 for the purchase and installation of a freight elevator, electric motor and several small articles of equipment for the farm, and for the repair and construction of sidewalks. These items involve both repair or renewal and minor additions to the value of the institution plant. The Board deems it advisable to separate the two classes of expenditure, charging all repairs and renewals to maintenance and all additions to value of the plant to special appropriations. It may not be possible, however, in making repairs and renewals to avoid minor improvements,

or such improvements may be too small for a special appropriation. These items seem to belong to this class.

The Board therefore recommends that \$2,000 be added to the allowance for repairs and improvements in the maintenance appropriation, and that the special appropriation requested be not granted. The superintendent of the hospital has been consulted, and does not object to such transfer.

Danvers Hospital.

Construction of addition to main building for treasurer's office,	\$2,000
Purchase of land,	500
	<hr/>
	\$2,500

The above estimates are approved by the State Board.

In addition, the trustees request an appropriation of \$2,500 for renewal of silos, for ensilage cutter, blower, gas engine and necessary equipment. These items involve both repair or renewal and minor additions to the value of the institution plant. The Board deems it advisable to separate the two classes of expenditure, charging all repairs and renewals to maintenance and all additions to value of the plant to special appropriations. It may not be possible, however, in making repairs and renewals to avoid minor improvements, or such improvements may be too small for a special appropriation. These items seem to belong to this class.

The State Board therefore recommends that this expense be charged to maintenance, and that a special appropriation be not granted. The superintendent has been consulted, and thinks the necessary work can be done without increasing the maintenance appropriation.

The trustees also ask for an appropriation of \$1,500 for an auto depot carriage. The State Board does not approve of a special appropriation for this purpose, because it feels a doubt of the necessity of maintaining such regular service over the short distance between the railroad station and the hospital, and, furthermore, if necessary, would consider the substitution of an automobile for the carriage formerly used as substantially a replacement in a new and different form of old equipment, and therefore chargeable to maintenance.

Westborough Hospital.

Constructing and furnishing a building for the acute insane, providing for 60 patients,	\$60,000
Completing water system,	4,000
Constructing addition to morgue,	600
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	\$64,600

The above estimates are approved by the State Board.

The trustees in their annual report request an appropriation of \$65,000 for the new building for the acute insane, but have subsequently made such modifications as will reduce the amount needed to \$60,000, as recommended by the State Board.

The trustees request an appropriation of \$5,000 for completing the water system, but the State Board believes that \$4,000, as recommended, will be sufficient, inasmuch as the latter sum includes an allowance of nearly 10 per cent. for contingencies above the itemized estimate of the engineer.

Worcester Asylum.

Constructing and furnishing a service and dining room building,	\$35,000
Constructing and furnishing three houses for employees, . . .	18,000
Completion of sewerage system,	7,000
Finishing and furnishing rooms for employees in existing buildings, repairing barns and constructing two waiting stations,	3,500
Additional water supply,	12,600
	<hr/>
	\$76,100

The above estimates are approved by the State Board.

In addition, working plans and specifications and the required estimate of the cost of construction of two one-story wooden buildings, accommodating 50 patients each, have been prepared by the trustees and approved by the State Board; but in view of the other large estimates for work at this institution and the unusual requirements at other institutions, the State Board deems it advisable to defer construction of these buildings this year.

Medfield Asylum.

Extension of sewerage system, \$12,000

The above estimate is approved by the State Board.

The State Board understands that an additional water supply is needed, and that investigations are under way to determine the definite plan and cost of the same, and that as soon as possible an estimate will be presented. In addition, working plans and specifications and the required estimate of the cost of constructing and equipping a new laundry have been prepared by the trustees. The State Board, although it recognizes the need of a new laundry, recommends deferring this work, in view of the need of a considerable sum for additional water supply and the unusually large requirements for work at the other institutions.

State Colony.

Construction of water tower and piping,	\$12,000
Constructing and equipping two industrial buildings, . . .	10,000
Purchase of land,	350
Construction of four vegetable storage cellars,	2,000
Alterations in storehouse,	1,000
	<hr/>
	\$25,350

The above estimates are approved by the State Board.

In addition, the trustees request an appropriation for constructing and furnishing a superintendent's house. The State Board recognizes the need of such a house, but deems it inexpedient to urge its construction this year, in view of the other large and more pressing requirements for the insane and other classes under its supervision.

Asylum for Insane Criminals.

Constructing and furnishing a fireproof building for 156 patients, and constructing walls enclosing the same and land for the employment of patients,	\$90,000
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The above estimate is approved by the State Board.

The Board understands that estimates are being prepared for an addition to the central heating and power plant necessitated by the demands of this and other proposed buildings.

Massachusetts School for the Feeble-minded.

Construction of iron stairways and fire-escapes,	\$5,500
Alterations, repairs and additions to old farmhouses, and furnishing the same, for the accommodation of 50 patients, . .	6,000
Purchase of land,	2,000
	<hr/>
	\$13,500

The above estimates are approved by the State Board.

Wrentham State School.

Constructing and equipping a laundry,	\$16,000
Completion of water system,	8,200
Alterations and repairs on old house, and furnishing the same, for the use of employees,	2,000
	<hr/>
	\$26,200

The above estimates are approved by the State Board.

Hospital for Epileptics.

Constructing and furnishing two dormitory buildings, each accommodating 75 patients,	\$84,000
Constructing and furnishing an administration building, . .	34,000
Making sewer, water and electric connections of new buildings with the central plant,	5,000
Moving and repairing cow barn,	8,000
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	\$131,000

The above estimates are approved by the State Board.

This hospital is receiving a considerable number of young children between the ages of ten and fourteen who are now associated with the adult epileptics. There is urgent need of separating them in a children's group of buildings such as the above estimates would provide. Such accommodation is necessary not only for the increasing number of epileptics, but also to afford the treatment and training which would result in the greatest percentage of recoveries or the greatest improvement and usefulness of the patients themselves.

Foxborough State Hospital.

Constructing and equipping cold-storage plant, . . . \$5,000

The above estimate is approved by the State Board.

No estimates for special appropriations have been presented by the trustees of the Boston State Hospital nor by the State Hospital so far as relates to the insane.

In addition to the above estimates, the State Board, in compliance with chapter 626, Acts of the Legislature of 1908, has recommended an appropriation of \$117,102.14 for the purchase of land at the corner of Longwood and Brookline avenues in Boston, and the estate of "Fairoaks" in Lexington. In its final report in compliance with said chapter the State Board will present general plans and estimates for constructing and equipping a hospital for the first care and observation of mental patients and the treatment of acute and curable mental diseases, to be located in Boston, and a sanitarium for voluntary mental patients, in Lexington.

SUMMARY OF RECOMMENDATIONS FOR SPECIAL APPROPRIATIONS.

Insane.

Constructing, furnishing and equipping buildings for patients and nurses, . . .	\$138,000
Number of patients provided for, . . .	216
Average per capita cost, . . .	\$638.89
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs, . . .	160,684
Total, . . .	\$298,684

Feeble-minded.

Constructing, furnishing and equipping buildings for patients and nurses, . . .	\$6,000
Number of patients provided for, . . .	50
Average per capita cost, . . .	\$120.00
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs, . . .	33,700
Total, . . .	\$39,700

Epileptic.

Constructing, furnishing and equipping buildings for patients and nurses,	\$84,000
Number of patients provided for,	150
Average per capita cost,	\$560
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	47,000
Total,	\$131,000

Inebriate.

Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	\$1,666
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All Classes.

Constructing, furnishing and equipping buildings for patients and nurses,	\$228,000
Number of patients provided for,	416
Average per capita cost,	\$548.08
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	243,050
Total,	\$471,050

WORCESTER HOSPITAL.

Opened in January, 1833. Present capacity, 1,236; increase for the year, 35.

Valuation of plant, per capita of capacity, \$1,446; real estate, \$1,264; personal, \$182.

Daily average number of patients, 1,189; increase for the year, 67.

Number Oct. 1, 1908, 1,216; 1.62 per cent. below capacity.

All commitments, 517; decrease for the year, 9.

Commitments as insane, 507; decrease for the year, 10.

First cases of insanity, 409; 80.67 per cent.

Voluntary admissions, 1.

Emergency commitments, 6.

Commitments as inebriate, 10 women.

First Cases of Insanity.

Native-born patients, 50.12 per cent.; mothers, 28.9 per cent.; fathers, 28.06 per cent.

Age sixty years or over, 16.14 per cent.

Resident in cities or large towns, 84.57 per cent.; country districts, 15.4 per cent.

Previous duration of insanity, under six months, 53.45 per cent.

Curable forms of insanity, 16.63 per cent.

Causes: congenital, 6.85 per cent.; hereditary, 21.03 per cent.; alcoholic, 28.36 per cent.; senility, 10.51 per cent.; coarse brain lesions, 3.42 per cent.; syphilis, 6.11 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 84; 16.56 per cent. of commitments.

Recoveries of first cases of insanity, 61; 14.91 per cent. of first cases.

Recoveries in curable group A, 59; 86.76 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 120; 7.08 per cent. of whole number of persons treated.

Curable forms of mental disease present in 10.83 per cent.; tuberculosis in 11.67 per cent.; senile insanity in 22.5 per cent.; general paralysis in 23.33 per cent.; coarse brain lesions in 13.33 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$287,740; total receipts, \$69,680; being \$47,683 from private patients, \$14,786 from reimbursing patients, \$7,211 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.51; the same less repairs and improvements, \$4.30.

Weekly per capita cost of whole service, \$1.70; ward service, \$0.60.

One person employed for every 4.45 patients; 1 nurse for every 9.26 patients.

Average monthly wage for all persons employed, \$32.42; for nurses, \$24.19; men, \$26.16; women, \$22.55. (Compare with Table IX. of the Appendix.)

The superintendent reports that,—

Our training school has been highly prosperous. Sixteen nurses were graduated. Of these, 7 are taking post-graduate work in general hospitals and 9 remain in the hospital service, 4 as supervisors and 5 as head attendants. There will be about 60 pupil nurses enrolled in the new junior class, which begins its studies Jan. 4, 1909.

We have had an abundance of applicants this year as nurses and attendants, and for this reason have been able to secure a better class of help, and now have a considerable waiting list. The hours of work of the nurses have been shortened and their wages increased during the year, at an expense to the hospital of something over \$7,000, but we hope and believe that this additional expense will be more than offset by the improvement in the character and efficiency of the service rendered.

During the winter, as in previous years, the management was glad to offer the facilities of the institution and the assistance of its medical staff to Dr. Cowles, and to the members of his class from Clark University, for a series of ten clinics, held at the hospital.

Among the improvements, alterations and additions to the hospital, authorized by the Legislature, the iron staircase and elevator in the administration building is completed. The alterations in our old coal pocket for the purpose of a bath and work rooms are progressing, although slowly, as the work here is being done entirely by our own help, with the assistance of patients, and as there is much incidental work connected therewith in the way of excavations and the building of retaining walls for our new coal pocket, getting out stone for the same, and incidentally clearing up waste land in the rear of the hospital, all of which has occupied our attention during the summer. The contract for the addition to the women's ward was let in the early fall, and the building is now well under way. We hope to have it completed and ready for occupancy by the first of June next.

TAUNTON HOSPITAL.

Opened in April, 1854. Present capacity, 924; increase for the year, 5.

Valuation of plant, per capita of capacity, \$884; real estate, \$717; personal, \$167.

Daily average number of patients, 933; decrease for the year, 11.

Number Oct. 1, 1908, 902; 2.38 per cent. below capacity.

All commitments, 437; decrease for the year, 10.

Commitments as insane, 428; decrease for the year, 13.

First cases of insanity, 342; 79.91 per cent.

Voluntary admissions, 7.

Emergency commitments, none.

Commitments as inebriate, 7 women.

First Cases of Insanity.

Native-born patients, 48.65 per cent.; mothers, 32.89 per cent.; fathers, 30.43 per cent.

Age sixty years or over, 19.58 per cent.

Resident in cities or large towns, 71.05 per cent.; country districts, 28.95 per cent.

Previous duration of insanity, under six months, 38.46 per cent.

Curable forms of insanity, 20.18 per cent.

Causes: congenital, 5.85 per cent.; hereditary, 16.08 per cent.; alcoholic, 20.47 per cent.; senility, 13.16 per cent.; coarse brain lesions, 1.75 per cent.; syphilis, 2.34 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 49; 14.45 per cent. of commitments.

Recoveries of first cases of insanity, 37; 10.82 per cent. of first cases.

Recoveries in curable group A, 36; 52.17 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 132; 9.66 per cent. of whole number of persons treated.

Curable forms of mental disease present in 15.91 per cent.; tuberculosis in 5.3 per cent.; senile insanity in 34.09 per cent.; general paralysis in 14.39 per cent.; coarse brain lesions in 6.82 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$228,790; total receipts, \$34,892; being \$21,812 from private patients, \$11,842 from reimbursing patients, \$1,238 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.69; the same less repairs and improvements, \$4.40.

Weekly per capita cost of whole service, \$1.78; ward service, \$0.80.

One person employed for every 3.92 patients; 1 nurse for every 7.39 patients.

Average monthly wage for all persons employed, \$30.20; for nurses, \$25.50; men, \$28.35, women, \$23.09. (Compare with Table IX. of the Appendix.)

The superintendent reports that, —

We have long felt that patients out on trial visit ought to be under some supervision during the trial period. No provision has been made for this by statute, however, and in consequence patients on trial visit are under no supervision, and at the expiration of the period of trial are discharged as a matter of course, irrespective of their mental condition. For some years we have written letters of inquiry to the relatives and friends of each patient out on trial visit about two weeks before the expiration of the period of trial. The information that we have received has not, as a rule, been considerable, and in the majority of cases is of little or no value. During the past year we permitted quite a number of patients to go on trial visit on condition that they reported in person at the hospital once a month during the period of trial. While our experience as yet has not been sufficient to draw any definite conclusions, we have, nevertheless, been thus far pleased with the result of the experiment. A small minority violated their agreement, but the majority reported regularly. In some cases we were able to give helpful advice, and in many we were pleased to observe that they looked to the hospital for help rather than as a place to be shunned.

Seven patients — 4 men and 3 women — were received by voluntary commitment. In all probability the number of voluntary commitments will increase, as many patients desire treatment who shrink from a formal commitment.

Cases of tuberculosis at present showing active symptoms are 9 in number, — 5 men and 4 women. As our number of cases of acute tuber-

culosis has been unusually small for several years, we made a careful physical examination of all our patients during the past summer. We detected in 84—58 men and 26 women—symptoms that might be caused by tubercular lesions. Regarding all these cases as tuberculous, the percentage of tubercular patients calculated on our daily average number for the year would be 8.9.

Special attention has been given to providing wholesome entertainment for our patients. The regular stereopticon lectures were delivered by Drs. Ahhot, Baker, Goss, Provost and Ripley and Mr. White, steward. The dances were keenly enjoyed, both by participants and non-participants. Besides the regular dances for patients the season closed with a special dance for employees, and in addition a special dance was given to the graduating class of the training school for nurses.

The Creole Belles, a local organization of young ladies, gave a most excellent minstrel show. Thanksgiving, Christmas and July 4 were observed in the usual manner. During the summer six picnics instead of three were given in the grove.

As our patients enjoy our national game more than any other form of summer amusement, two teams were organized from officers, employees and patients. It was the original intention to play only among ourselves, but we soon had requests for games from local teams. A team was, therefore, organized from the united teams that played ten games with visiting teams, winning seven and losing three. The patients took great interest in the games, and they were the chief topic of conversation on the wards during the summer.

NORTHAMPTON HOSPITAL.

Opened in August, 1858. Present capacity, 819; increase for the year, 1.

Valuation of plant, per capita of capacity, \$1,043; real estate, \$907; personal, \$136.

Daily average number of patients, 788; increase for the year, 11.

Number Oct. 1, 1908, 829; 1.22 per cent. above capacity.

All commitments, 327; increase for the year, 31.

Commitments as insane, 322; increase for the year, 29.

First cases of insanity, 251; 77.95 per cent.

Voluntary admissions, 6.

Emergency commitments, 2.

Commitments as inebriate, none.

First Cases of Insanity.

Native-born patients, 60.16 per cent.; mothers, 34.43 per cent.; fathers, 37.14 per cent.

Age sixty years or over, 24 per cent.

Resident in cities or large towns, 67.73 per cent.; country districts, 32.27 per cent.

Previous duration of insanity, under six months, 42.28 per cent.

Curable forms of insanity, 29.48 per cent.

Causes: congenital, 15.54 per cent.; hereditary, 23.51 per cent.; alcoholic, 28.29 per cent.; senility, 20.32 per cent.; coarse brain lesions, 4.38 per cent.; syphilis, 0.4 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 32; 9.93 per cent. of commitments.

Recoveries of first cases of insanity, 28; 11.16 per cent. of first cases.

Recoveries in curable group A, 27; 36.49 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 91; 8.60 per cent. of whole number of persons treated.

Curable forms of mental disease present in 7.69 per cent.; tuberculosis in 6.59 per cent.; senile insanity in 53.85 per cent.; general paralysis in 10.99 per cent.; coarse brain lesions in 6.59 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$159,000; total receipts, \$46,486; being \$33,258 from private patients, \$11,420 from reimbursing patients, \$1,808 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$3.77; the same less repairs and improvements, \$3.62.

Weekly per capita cost of whole service, \$1.52; ward service, \$0.55.

One person employed for every 5.35 patients; 1 nurse for every 11.04 patients.

Average monthly wage for all persons employed, \$35.26; for nurses, \$26.39; men, \$28.55; women, \$24.53. (Compare with Table IX. of the Appendix.)

The trustees and superintendent report that, —

Seven patients under voluntary commitment were in our care during the year, 1 having been here six years and now gradually improving. Three of these were discharged, 2 being committed later as insane; the others remain in the hospital, all of whom are improving, 2 seeming to be in nearly a normal mental condition. Our experience shows the privilege of voluntary commitment to be of great value to those who make use of it, but one not taken advantage of by many because of the fear of the opprobrium of being treated in a hospital with the insane.

The ratio of recoveries to the admissions, or to the number of patients under treatment, cannot be even approximately constant year after year, since it depends upon certain factors which vary within wide limits, — the age of the patient, the duration of the insanity before the patient's admission to the hospital, the form of insanity, also the physical condition of the patient on admission. This year 78 of those admitted were senile cases, 42 being over seventy years of age. Two-thirds of the admitted cases had been insane more than six months at the time of admission, but our records show that only a small percentage of our cases recover who have been insane that length of time. The average duration of insanity before admission to this hospital of patients who recovered this year was two months. Less than 25 per cent. of the patients admitted were suffering from forms of insanity from which recovery may be expected. Thirty-seven of the patients admitted were so-called congenital cases.

A considerable proportion, amounting to about \$750, of the money received for sales was for what had been paid for out of our maintenance appropriation; for instance, for books and materials for uniforms for nurses, packing cases, egg cases, barrels, hides and money refunded for freight. It seems just to us that such receipts should go back into our maintenance fund instead of into the State treasury. In the matter of hides, for instance; we buy most of our beef on the hoof, slaughtering as needed and selling the hides. The past year the sum received from that source was nearly \$400, which should be applied to reducing the cost of our beef. Similarly with flour; the barrels paid for out of our maintenance fund were sold this year for nearly \$100, which would buy quite a number of barrels of flour could we have the use of it, as we think proper.

DANVERS HOSPITAL.

Opened in May, 1878. Present capacity, 1,374.

Valuation of plant, per capita of capacity, \$1,383; real estate, \$1,214; personal, \$169.

Daily* average number of patients, 1,336; increase for the year, 107.

Number Oct. 1, 1908, 1,386; 0.87 per cent. above capacity.

All commitments, 638; increase for the year, 51.

Commitments as insane, 629; increase for the year, 43.

First cases of insanity, 500; 79.49 per cent.

Voluntary admissions, 8.

Emergency commitments, 6.

Commitments as incbriate, 8 women.

First Cases of Insanity.

Native-born patients, 54.22 per cent.; mothers, 35.44 per cent.; fathers, 36.38 per cent.

Age sixty years or over, 24 per cent.

Resident in cities or large towns, 90.2 per cent.; country districts, 9.80 per cent.

Previous duration of insanity, under six months, 49.69 per cent.

Curable forms of insanity, 22.6 per cent.

Causes: congenital, 8 per cent.; hereditary, 17.8 per cent.; alcoholic, 22.4 per cent.; senility, 15.6 per cent.; coarse brain lesions, 6 per cent.; syphilis, 3 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 88; 13.99 per cent. of commitments.

Recoveries of first cases of insanity, 66; 13.2 per cent. of first cases.

Recoveries in curable group A, 63; 55.75 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 205; 10.74 per cent. of whole number of persons treated.

Curable forms of mental disease present in 13.66 per cent.;

tuberculosis in 5.37 per cent.; senile insanity in 25.37 per cent.; general paralysis in 14.63 per cent.; coarse brain lesions in 18.54 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$280,385; total receipts, \$61,966; being \$38,858 from private patients, \$20,137 from reimbursing patients, \$2,971 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$3.94; the same less repairs and improvements, \$3.68.

Weekly per capita cost of whole service, \$1.55; ward service, \$0.57.

One person employed for every 5.40 patients; 1 nurse for every 10.52 patients.

Average monthly wage for all persons employed, \$36.38; for nurses, \$25.92; men, \$28.17; women, \$24.07. (Compare with Table IX. of the Appendix.)

The superintendent reports that, —

The mortality percentage from pulmonary tuberculosis was 15.1 in 1907 and 4.8 in 1908. The high death-rate for 1907 cannot be satisfactorily explained, but it is hoped that the improved condition in this respect for the past year can be credited in a large measure to the special wards for tubercular patients, which have now been in use sufficiently long (two years for the men's and one year for the women's ward) to have established the merits of such separate provision for this class of patients.

Possibly the most important feature of the special ward movement is the accompanying increased watchfulness in detecting phthisis in its incipient stages. With cases of mental disease, and especially so with cases of chronic dementia, when pulmonary tuberculosis has so far advanced that a physical examination reveals positive signs, it is already too late for successful treatment under the most favorable arrangements. We have found it necessary, at intervals of a few months, to make a routine temperature examination of each patient in the wards for chronic cases. The first day the temperature is taken four times. If a deviation from the normal is found, the record should be continued for several consecutive days, and if a suspicious elevation persists, or the weight chart shows a loss, the patient is transferred to the special wards for tuberculosis cases. The improvement in weight and in other respects, which is the rule with such cases when thus treated, has been decidedly gratifying.

For a period of ten weeks during the past summer an epidemic of dysentery prevailed. Several officers, a number of employees and many patients were attacked; in all, 140 persons were sick with this disease. While it is impossible to satisfactorily determine the origin of this epidemic, it is interesting to note that at or before its outbreak in the hospital cases appeared within the town, but outside the institution. The mortality was high, for the reason, probably, that the disease attacked, or developed in, patients previously debilitated by old age or chronic disease. Thirty-five patients who exhibited the symptoms with varying degrees of mildness or severity died; but about half of this number appear in the statistical table as having died from enteritis or enterocolitis. Anti-dysenteric serum was employed in treating a series of cases numbering 34, but the results were negative as regards the value of such treatment. A search for a specific germ in the excreta of 18 cases was instituted in the laboratory, and after persistent efforts the bacillus was found in 6 cases.

Laboratory Work.—The laboratory department has accomplished a commendable amount of work. Thoroughly indexed records of 1,280 autopsies are now on file. About 400 boxes, each with a capacity for 100 slides, are required for filing the more important microscopic findings that have been prepared from pathological material. The specimen room contains about 2,000 glass jars, holding preserved autopsy specimens, the brain and trunk organs being immersed in Zenker fluid. Formalin and alcohol are also used with some brains.

During the past year 75 autopsies were performed. The comprehensive scheme for complete autopsies, previously established at this laboratory, has been followed,—the brain, spinal cord and trunk organs being studied in all cases. Routine bacteriological examinations at autopsy of blood and cerebro-spinal fluid have been continued, a special study with a series of mesenteric lymph nodes has been conducted, and the necessary work to determine the question of terminal infections has been persisted in. In a series of 100 autopsies it was found that terminal infections had invaded the heart's blood in 64 and the cerebro-spinal fluid in 75 cases. The pathologist is engaged in a study of the accumulated histological material, arranged in groups according to the mental disease of the subject.

The interesting and important work on anaphylaxis is to some extent to be continued. Laboratory work in connection with the dysentery epidemic was extensive and thorough.

WESTBOROUGH HOSPITAL.

Opened in December, 1886. Present capacity, 932; decrease for the year, 11.

Valuation of plant, per capita of capacity, \$996; real estate, \$823; personal, \$173.

Daily average number of patients, 921; increase for the year, 6.

Number Oct. 1, 1908, 911; 2.25 per cent. below capacity.

All commitments, 452; increase for the year, 22.

Commitments as insane, 404; increase for the year, none.

First cases of insanity, 301; 74.5 per cent.

Voluntary admissions, 67.

Emergency commitments, 5.

Commitments as inebriate, 13 women.

First Cases of Insanity.

Native-born patients, 65.12 per cent.; mothers, 45.88 per cent.; fathers, 42.01 per cent.

Age sixty years or over, 23.59 per cent.

Resident in cities or large towns, 70.76 per cent.; country districts, 29.24 per cent.

Previous duration of insanity, under six months, 52.23 per cent.

Curable forms of insanity, 23.92 per cent.

Causes: congenital, 4.32 per cent.; hereditary, 10.3 per cent.; alcoholic, 16.61 per cent.; senility, 14.62 per cent.; coarse brain lesions, 9.97 per cent.; syphilis, 3.32 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 87; 21.54 per cent. of commitments.

Recoveries of first cases of insanity, 68; 22.59 per cent. of first cases.

Recoveries in curable group A, 52; 72.22 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 105; 8.05 per cent. of whole number of persons treated.

Curable forms of mental disease present in 8.57 per cent.; tuberculosis in 11.43 per cent.; senile insanity in 33.33 per cent.; general paralysis in 18.1 per cent.; coarse brain lesions in 10.48 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$241,836; total receipts, \$67,932; being \$53,922 from private patients, \$11,461 from reimbursing patients, \$2,549 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.98; the same less repairs and improvements, \$4.71.

Weekly per capita cost of whole service, \$2.07; ward service, \$0.77.

One person employed for every 3.68 patients; 1 nurse for every 7.31 patients.

Average monthly wage for all persons employed, \$32.96; for nurses, \$24.49; men, \$28.57; women, \$22.10. (Compare with Table IX. of the Appendix.)

The superintendent reports that, —

Of those admitted, 363 were commitments of the insane, 9 of inebriates, 14 were transfers of the State Board of Insanity, 73 were voluntary, 166 were returned from visit and 1 from escape. The 73 voluntary admissions are noteworthy, as being twice the number admitted the previous year. The knowledge that voluntary cases are accepted at this hospital is extending and many more apply. Some of these we have to refuse, as we do not think they are suitable. I find these patients are reasonable and generally willing to remain while their physician thinks best, and the fact that they come of their own volition prevents prejudice against the hospital, so frequently found in committed patients.

The most important duty of the hospital physician is the curative treatment of recent cases. It is a duty we owe alike to the individual, to the family and to the Commonwealth. I wish here to call your attention to the good results obtained in a series of years. Five years ago last March I put all the recent and acute cases in the care of one physician, — the one with the most experience, the assistant superintendent, — the other members of the staff having opportunity to study the cases and to see both treatment and results. Statistics for the admissions and discharges for the five-year period have been prepared. The total number received was 901. Of these, 73 are not considered, being sane voluntary admissions; 51 others were found to be incurable forms, and were in a few days or weeks or months transferred elsewhere. Of the remaining 767 cases, 354 were sent out recovered, a total of 46 per cent., and others are convalescing and will also go out well. An interesting feature is the shorter duration of hospital residence in succeeding years, showing the value of intelligent, well-directed and persistent treatment.

During the past summer the Osgood cottage was fitted up to care for 6 convalescent women patients. This was done because Talbot was full. Only those nearly ready to go home were placed there. Each one makes her own bed and assists with the general work, going to Talbot for meals. The success of this step was immediate, and the promise to go to the cottage is considered as a long step toward home-going and is eagerly sought.

During the month of November I put our force of nurses and attendants on sixty hours a week duty in six days, with entire freedom from work on the seventh. The new plan is working without friction, but we must ask for an increased appropriation for wages and maintenance of the extra employees.

BOSTON HOSPITAL.

This hospital is owned and managed by the city of Boston, but is under the general supervision of the State Board. The insane who have a Boston settlement are eligible for admission. Inasmuch as the city pays its proportionate part of the State tax for the support of all dependent insane under public care in the Commonwealth, it is reimbursed by the State at the rate of \$3.25 a week for each patient who is a public charge in the hospital.

Under the provisions of chapter 613, Acts of the Legislature of 1908, the State will acquire this institution on December 1, under the title of the Boston State Hospital.

Opened in December, 1839. Present capacity, 764.

Daily average number of patients, 774; increase for the year, 50.

Number Oct. 1, 1908, 814; 6.54 per cent. above capacity.

All commitments, 382; increase for the year, 29.

First cases of insanity, 310; 81.15 per cent.

Voluntary admissions, 12.

Emergency commitments, 54.

Commitments as inebriate, none.

First Cases of Insanity.

Native-born patients, 53.25 per cent.; mothers, 26.51 per cent.; fathers, 25.17 per cent.

Age sixty years or over, 25.16 per cent.

Resident in cities or large towns, 100 per cent.

Previous duration of insanity, under six months, 47.04 per cent.

Curable forms of insanity, 25.16 per cent.

Causes: congenital, 5.16 per cent.; hereditary, 11.94 per cent.; alcoholic, 10.32 per cent.; senility, 17.1 per cent.; coarse brain lesions, 4.19 per cent.; syphilis, 1.29 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 28; 7.33 per cent. of commitments.

Recoveries of first cases of insanity, 20; 6.45 per cent. of first cases.

Recoveries in curable group A, 18; 23.01 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 127; 10.88 per cent. of whole number of persons treated.

Curable forms of mental disease present in 13.38 per cent.; tuberculosis in 14.96 per cent.; senile insanity in 33.86 per cent.; general paralysis in 23.62 per cent.; coarse brain lesions in 7.87 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$160,938; total receipts, \$106,470; being \$21,026 from private patients, \$85,250 from the State, \$194 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$3.99; the same less repairs and improvements, \$3.94.

It is to be noted that the maintenance expenditures were \$9,747 less than the previous year, although 50 more patients were cared for.

It is apparent that the severest limitation of expenditure has been exercised during the year, probably in view of the transference of the hospital from the city to the State.

Only \$2,263 were spent for repairs and renewals during the year, compared with an average of \$16,177 annually for the three previous years.

There has been no advance in wages of nurses, nor shortening of their hours of duty. Their hours are longer and their wages considerably lower than the average in State hospitals.

The stock of supplies on hand was reduced.

WORCESTER ASYLUM.

Opened in October, 1877. Present capacity, 942; decrease for the year, 52.

Valuation of plant, per capita of capacity, \$1,048; real estate, \$908; personal, \$140.

Daily average number of patients, 987; increase for the year, 76.

Number Oct. 1, 1908, 1,035; 9.87 per cent. above capacity.

Admitted by transfer, 128; decrease for the year, 81.

Deaths of the Insane.

Whole number, 48; 4.35 per cent. of whole number of persons treated.

Tuberculosis was present in 35.42 per cent.; senile insanity in 14.58 per cent.; general paralysis in 10.42 per cent.; coarse brain lesions in 2.08 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$211,000; total receipts, \$5,202; being \$4,315 from reimbursing patients, \$887 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.05; the same less repairs and improvements, \$3.84.

Weekly per capita cost of whole service, \$1.66; ward service, \$0.47.

One person employed for every 5.09 patients; 1 nurse for every 11.67 patients.

Average monthly wage for all persons employed, \$36.57; for nurses, \$23.83; men, \$25.94; women, 21.76. (Compare with Table IX. of the Appendix.)

The trustees and superintendent report that, —

There has been no case of contagious disease, in either patients or employees, originating during the year. The death-rate continues low. As a cause of death, tuberculosis, after a temporary retirement in several reports, advances again to first place. This showing is rather misleading, however, as the great majority of those who died from this disease were afflicted with it on admission here. This preponderance in

numbers is rather due to the accident of the selection of cases for transfer than from any probability that tuberculosis is on the increase among the insane.

It is pleasant to be able to turn from the contemplation of this rather unsatisfactory aspect of our work and to present something more cheerful. Of the persons discharged during the year, 2 men and 1 woman were classified as "capable of self-support." The subsequent histories of these persons since discharge, in each case, indicate a recovery, and nothing but a desire to be conservative prevented them from being rated as recovered at the time of their leaving the institution. All of them have re-entered the life of the community and resumed their old places, and have so far been able to maintain themselves. From the character of the mass of our patients even one recovery would be a rich return for any effort.

During the past year there has been a distinct improvement in the quality of the employees. This improvement is due in part to the business depression, but it seems probably due in part to the lessening of the hours of service of employees, the increase in wages and the general betterment of the conditions under which they labor. But more remains to be accomplished in this direction. The rapid increase in the number of employees has outrun the accommodations designed for them, and many employees are now occupying quarters intended for patients. It is desirable to furnish houses for as many employees as possible, where they can live when off duty under better and more normal conditions than at present. To this end we ask an appropriation of \$18,000 for the erection of three cottages, each one of which shall provide on the first floor a home for a man and his family, and on the second floor furnished rooms for at least seven nurses.

During the past few years there has been a rapid increase in the number of patients cared for at this asylum. As the parent institution in Worcester was long ago filled to the limit of its capacity, all of the later increase has been cared for at the Grafton colony. A large percentage of the cases cared for there has been of that noisy and turbulent class, which has demanded a close supervision and substantial construction of buildings to withstand the wear and tear of use. That class has been pretty well taken care of, for a time, and we can now turn our energies more towards the development of the colony idea. To the milder and quieter cases, more amenable to control, a much greater range of liberty can be accorded.

Up to the present time the chief effort in the development of the colony idea has been among the men. This is perhaps natural, as the majority of the activities of out-of-door country life are those in which men ordinarily engage. I feel that it is unnecessary and even wrong to bar women from the probable benefits that would accrue from a more active, out-of-door existence. I believe that a large share of such work can be reckoned as distinctly within woman's sphere. The planting

and the cultivation of flowers, much of the care of the grounds adjacent to the women's buildings and many of the light agricultural operations of the vegetable garden seem to me to offer avenues of proper and useful effort. In carrying out such a work as this it should always be borne in mind that the improvement of the individual is the prime end sought, and that the occupation is a purely subordinate means to an end. Work of this sort would be a remedial measure, prescribed in the treatment of disease. The success or failure of such an undertaking would depend in a large measure upon the interest and capacity of the individual immediately in charge of this work.

MEDFIELD ASYLUM.

Opened in May, 1896. Present capacity, 1,538; increase for the year, 19.

Valuation of plant, per capita of capacity, \$1,150; real estate, \$986; personal, \$164.

Daily average number of patients, 1,476; increase for the year, 15.

Number Oct. 1, 1908, 1,569; 2.01 per cent. above capacity.

Admitted by transfer, 193; increase for the year, 140.

Deaths of the Insane.

Whole number, 64; 3.90 per cent. of whole number of persons treated.

Tuberculosis was present in 26.56 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$320,926; total receipts, \$9,550; being \$6,156 from reimbursing patients, \$3,394 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.08; the same less repairs and improvements, \$3.88.

Weekly per capita cost of whole service, \$1.62; ward service, \$0.63.

One person employed for every 4.51 patients; 1 nurse for every 9.68 patients.

Average monthly wage for all persons employed, \$31.63; for nurses, \$26.21; men, \$30.34; women, \$24.07. (Compare with Table IX. of the Appendix.)

The superintendent reports that, —

We have been fortunate the past year in having fewer changes among the employees than during any recent year. The increase in wages, together with business depression, has made it possible for us to retain our help longer. The number of persons on the pay roll has been increasing, due to several causes. Places in the domestic departments which were formerly filled by patients are now occupied by paid employees. Increasing feebleness of these patients required this change. We have received a better class of patients the latter part of this year and those more capable of doing work in the domestic departments, and in consequence we hope for an improvement in this respect. Every employee now at the asylum, excepting the farmers, has at least one full day a week off duty. Attendants and nurses in addition to this have a portion of every Sunday.

Training School for Nurses. — The class of 1908 in the training school graduated July 7, 1908. Eight nurses, having completed the course in a satisfactory manner, were awarded diplomas. The arrangement for admitting our nurses to the Boston City Hospital has worked finely. It has added considerable interest, and I think has also operated in attracting more pupils to the school.

STATE COLONY.

Opened in October, 1902. Present capacity, 527.

Valuation of plant, per capita of capacity, \$991; real estate, \$847; personal, \$144.

Daily average number of patients, 515; increase for the year, 99.

Number Oct. 1, 1908, 542; 2.85 per cent. above capacity.

Admitted by transfer, 114; increase for the year, 4.

Deaths of the Insane.

Whole number, 16; 2.76 per cent. of whole number of persons treated.

Tuberculosis was present in 37.50 per cent.; senile insanity in 12.50 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$99,066; total receipts, \$1,203; being \$705 from reimbursing patients, \$498 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$3.60; the same less repairs and improvements, \$3.36.

Weekly per capita cost of whole service, \$1.33; ward service, \$0.50.

One person employed for every 5.80 patients; 1 nurse for every 11.47 patients.

Average monthly wage for all persons employed, \$33.45; for nurses, \$24.88; men, \$26.54; women, \$20.97. (Compare with Table IX. of the Appendix.)

The superintendent reports that, —

Working along the lines of the intent of the colony, considerable progress has been made in developing our patients for useful work. Our method has been to provide suitable occupation for each individual, which in many cases has necessarily been very simple. Consequently, a large part of the work done by them and by those teaching them cannot appear in any table which we might compile, but the aim has been to lay the foundation for future usefulness. Already we have seen very encouraging results of this training in the more simple, demented patients, and many of them are doing really useful work.

That 80 per cent. of our patients are at present regularly engaged in useful occupation must mean that they are materially aiding in their own support. This has been most apparent in increased farm production and work done in our industrial departments.

The increased production during the past year has brought about a lower cost for maintenance to the State than during any previous year, with greater promise in this respect for the future. But what is of even greater gratification and importance is the fact that with suitable occupation our patients are much happier, and show improvement in their mental, physical and moral conditions.

The degree of benefit derived cannot be determined by the number of discharges each year, for the majority of our patients will never fully recover; but those who will of necessity require supervision will, unquestionably, be much benefited by a proper course of training; while a certain number can be allowed to return to their homes as useful citizens, thus relieving the Commonwealth of a portion of its burden.

A practical woman farmer was engaged during the summer directing in out-of-door work women who from choice desired that kind of occupation. This proved a success, both from the standpoint of benefit to the patient and return for their labor, they receiving a large portion of their garden produce on their own table.

One of the original farmhouses, situated one and one-half miles from the receiving group, was used during the summer months as a camp for

15 selected men, they living there, carrying on a garden and clearing rough land, while enjoying greater liberty than is possible in our other colonies.

Within doors, in the limited space at our disposal in our day rooms, we have manufactured our clothing, hats, mats and rugs. Here we have done all our mending; developed, as far as possible, basket making, weaving, embroidery, fancy work, etc., and the ability the patients have shown is very gratifying. We must further such occupations as these, and should carry on other useful industries, which we cannot do at the present time owing to lack of room, and would never be able to do in our wards. It is therefore imperative that we have a small industrial building for each sex, where we can carry on varied industries in a systematic manner. A certain number who would not take kindly to an industrial building would still be employed in the ward.

Farm, Garden and Grounds. — Clearing fields and pastures has been carried on as fast as possible. During the year $24\frac{1}{2}$ acres of land have been partially or wholly reclaimed, and the stone taken from this used in constructing roadways and walks.

One thousand tons of stone have been crushed in our stone crusher; 21,460 cubic yards of excavating and 8,590 cubic yards of filling and grading have been done about the buildings.

A beginning has been made this year toward replacing our old orchards; 675 young apple and pear trees, together with 150 shade trees, have been set out, while 180 of our present trees have been grafted.

In May our entire herd of 100 cattle was examined by the State Cattle Bureau, with the unusual and gratifying result that only 1 ox, and this purchased but a short time before, was condemned.

INSANE WARDS, STATE HOSPITAL.

Opened in October, 1866. Present capacity, 659; increase for the year, 5.

Valuation of plant, per capita of capacity, \$681; real estate, \$514; personal, \$167.

Daily average number of patients, 612; decrease for the year, 11.

Number Oct. 1, 1908, 661; 0.30 per cent. above capacity.

Commitments as insane, 114; increase for the year, 20.

First cases of insanity, 102; 89.47 per cent.

Admitted by transfer, 102; increase for the year, 3.

First Cases of Insanity.

Native-born patients, 39.22 per cent.; mothers, 20.45 per cent.; fathers, 20.22 per cent.

Age sixty years or over, 25.49 per cent.

Resident in cities or large towns, 94.12 per cent.; country districts, 5.88 per cent.

Previous duration of insanity, under six months, 18.92 per cent.

Curable forms of insanity, 6.86 per cent.

Causes: congenital, 10.78 per cent.; hereditary, 19.61 per cent.; alcoholic, 42.16 per cent.; senility, 14.71 per cent.; coarse brain lesions, 1.96 per cent.; syphilis, 13.73 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 4; 3.51 per cent. of commitments.

Recoveries of first cases of insanity, 3; 2.94 per cent. of first cases.

Recoveries in curable group A, 2; 28.57 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 106; 12.76 per cent. of whole number of persons treated.

Curable forms of mental disease were present in 2.83 per cent.; tuberculosis in 27.36 per cent.; senile insanity in 31.13 per cent.; general paralysis in 7.55 per cent.; coarse brain lesions in 13.21 per cent. (Compare with Table 3.)

The superintendent reports that, —

The work in the laboratory department has shown a very satisfactory growth during the year. A great deal more has been done in connection with the clinical cases in all parts of the institution, and both the medical and surgical cases have been benefited by the increasing number and frequency of examinations of the various fluids, secretions and tissues.

The pathological examinations have increased in number, and have been conducted with thoroughness, carefully studied and recorded, and a number of organs and tissues of unusual interest prepared and preserved.

ASYLUM FOR INSANE CRIMINALS.

Opened in September, 1886. Present capacity, 662.

Valuation of plant, per capita of capacity, \$547; real estate, \$407; personal, \$140.

Daily average number of patients, 579; increase for the year, 31.

Number Oct. 1, 1908, 610; 7.85 per cent. below capacity.

Commitments as insane, 97; increase for the year, none.

First cases of insanity, 77; 79.38 per cent.

First Cases of Insanity.

Native-born patients, 47.37 per cent.; mothers, 14.29 per cent.; fathers, 16.18 per cent.

Age sixty years or over, 4.05 per cent.

Resident in cities or large towns, 84.42 per cent.; country districts, 15.58 per cent.

Previous duration of insanity, under six months, 45.07 per cent.

Curable forms of insanity, 28.57 per cent.

Causes: congenital, 7.79 per cent.; hereditary, 12.99 per cent.; alcoholic, 59.74 per cent.; senility, 6.49 per cent.; coarse brain lesions, 7.79 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 8; 8.25 per cent. of commitments.

Recoveries of first cases of insanity, 8; 10.39 per cent. of first cases.

Recoveries in curable group A, 8; 36.36 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 24; 3.59 per cent. of whole number of persons treated.

Curable forms of mental disease were present in 4.17 per cent.; tuberculosis was present in 16.67 per cent.; senile insanity in 20.83 per cent.; general paralysis in 16.67 per cent.; coarse brain lesions in 20.83 per cent. (Compare with Table 3.)

The medical director reports that, —

Ten years ago, when it was my privilege to make a first report to your Board, we closed the year with 300 patients, — the total inmate population of the State Farm then being 1,168. It is interesting to note that our asylum population and the total population of the State Farm have each been doubled during the ten years just passed. It looks as if much would be expected of us in the future, not alone in giving custodial care to an increasing number of habitual offenders against the law who are constitutionally defective, but we will be expected to keep abreast of medical progress in all that pertains to mental medicine, — to the end that each curable case may have every possible aid to recovery. From a medical viewpoint it is the keeping abreast of medical progress that makes our work worth while. Looking at the question from an economic viewpoint only, we must see that every permanent recovery of a patient between the ages of twenty-five and forty years means a saving of from \$3,000 to \$5,000 for the State, assuming the individual would live to the age of sixty. For each patient who continued well enough to be self-supporting the economic gain would be the same. It is not, therefore, a matter of sentiment or professional pride that creates the conviction that it is a wise policy and true economy to use every method and every measure that increases the insane man's chances for recovery.

It is probably true that the majority of free sane men eat more than they need, especially of meats and stimulating foods. I am sure, however, that 50 per cent., at least, of the insane are poorly nourished, because of loss of appetite, delusions about their food, faulty assimilation or some kindred condition. These men need to be urged to eat, — oftentimes persistently urged. Coarse food, like bread, meat and potatoes, cannot be forced upon them in sufficient quantity. They are sick men, even though they may not be bed patients, and sorely need a sick man's diet. Milk, eggs and sugar must be had in fair quantity or the man's chance for recovery is lost, and he becomes a "chronic" and a permanent load on the Commonwealth. It is true, unfortunately, that an excess even of the best of nutriment, with the most favorable hygienic conditions, will not ensure recovery, and yet it is the liberal nutriment and the best hygiene which count most for the saving of some.

So thoroughly has this idea been established as a truism in mental medicine that special hospitals with a special dietary, for the treatment of acute and curable cases, are being advocated in connection with existing institutions in our own and other States.

During the months of July, August and September we were gathering from our asylum garden, which added substantially to our patients' dietary for those months. Nineteen bushels of pease, 40 bushels of shell beans, 345 bushels of string beans, 103 bushels of tomatoes, 184 dozen of cucumbers, 85 watermelons, 254 cantaloupes, 1,680 ears of

green corn were harvested this summer, while several thousand strawberry plants were set out which should yield next summer. Our enclosed garden was only about half under cultivation, but much grading was done, so that a much larger area will be ready to cultivate next year.

It seems to be true that there is a growing demand for an institution which will combine reasonable custodial security with the modern methods of a progressive hospital for the insane.

HOSPITAL FOR EPILEPTICS.

Opened in May, 1898. Present capacity, 699.

Valuation of plant, per capita of capacity, \$985; real estate, \$759; personal, \$226.

Daily average number of patients, 638; increase for the year, 88.

Number Oct. 1, 1908, 686; 1.86 per cent. below capacity.

Insane commitments, 100; increase for the year, 50.

Sane epileptics admitted, 129; increase for the year, 30.

First cases of epilepsy, 200; being 87.34 per cent. of all epileptics received.

The general statistics for the year are:—

	INSANE.			SANE.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in the hospital Oct. 1, 1907,									
Admitted within the year,									
Viz.: by commitment,	156	135	291	146	133	279	302	298	570
by transfer,	67	39	106	103	73	176	170	112	282
from escape,	63	37	100	74	55	129	137	92	229
from visit,	2	2	4	5	—	5	2	—	2
Whole number of cases within year,	2	—	2	24	18	42	26	20	46
Dismissed, during year,	223	174	397	249	206	455	472	380	852
Discharged,	24	23	47	68	51	119	92	74	166
as recovered,	6	4	10	36	17	53	42	21	63
as capable of self-support,	—	—	—	—	—	—	—	—	—
as improved,	6	4	10	32	16	48	38	20	58
as not improved,	—	—	—	4	—	4	4	—	4
Died,	12	14	26	11	10	21	23	24	47
Transferred,	—	—	—	—	—	—	—	—	—
Escaped,	1	—	1	4	—	4	5	—	5
On visit Oct. 1, 1908,	5	5	10	17	24	41	22	29	51
Patients remaining Sept. 30, 1908,	199	151	350	181	155	336	380	306	686
Viz.: State patients,	187	146	333	146	107	253	233	187	420
town patients,	—	—	—	116	107	223	116	107	223
private patients,	3	3	6	19	7	26	22	10	32
reimbursing patients,	9	2	11	—	—	—	9	—	11
Number of different persons within the year,	221	172	393	227	196	423	248	368	616
Number of different persons admitted,	63	37	100	83	63	146	146	100	246
Number of different persons admitted by commitment,	63	37	100	74	55	129	137	92	229
Number of different persons dismissed,	22	21	43	49	41	90	71	62	133
Number of different persons discharged capable of self-support,	—	—	—	—	—	—	—	—	—
Daily average number of patients,	178.34	145.78	324.12	166.06	148.05	314.11	344.40	298.83	638.23
Viz.: State patients,	168.30	141.90	310.20	132.23	122.83	255.06	201.53	174.73	376.26
town patients,	—	—	—	113.72	106.91	220.63	113.72	106.91	220.63
private patients,	3	2.34	5.34	19.11	8.31	27.42	32.11	10.65	42.76
reimbursing patients,	7.04	1.54	8.58	—	—	—	7.04	1.54	8.58

1 Nominally admitted to discharge : insane : males, 2; females, 2; total 4; sane : males, 19; females, 10; total, 29; totals, males, 21; females, 12; total, 33.

2 Two males discharged as sane and readmitted as insane. One male discharged and recommitteed as sane.

First Cases of Epilepsy.

Native-born patients, 82 per cent.; mothers, 43 per cent.; fathers, 49.5 per cent.

Mean age at onset of epilepsy, 13.69 years; when admitted, 22.22 years.

Resident in cities or large towns, 67.25 per cent.; country districts, 32.75 per cent.

Deaths of Epileptics.

Whole number, 47; 5.76 per cent. of whole number of persons treated.

Tuberculosis was present in 6.38 per cent.; epilepsy was the immediate cause of death in 53.19 per cent. Mean age at first attack of epilepsy, 13.74 years; at death, 33.03 years.

Finances.

Expenditures from maintenance funds, \$148,997; total receipts, \$51,280; being \$9,105 from private patients, \$1,261 from reimbursing patients, \$39,408 from cities and towns, \$1,506 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.32; the same less repairs and improvements, \$4.06.

Weekly per capita cost of whole service, \$1.80; ward service, \$0.78.

One person employed for every 4.37 patients; 1 nurse for every 8.32 patients.

Average monthly wage for all persons employed, \$34.10; for nurses, \$28.22; men, \$30.55; women, \$25.60. (Compare with Table IX. of the Appendix.)

The trustees report that, —

It has long been the desire of the Board to appoint an assistant physician who should devote himself wholly to research and investigation into the cause of epilepsy, the best methods for its treatment and cure and such other cognate subjects as may seem most likely to develop our practical knowledge of this disease. During the past year we have devoted much consideration to this subject, and it is hoped that the right person for this position has now been found.

The trustees still feel that the more interest that is taken in its work by the general medical profession of the State the farther will its influ-

ence extend and the greater will be its value to the people. We have therefore encouraged the superintendent to take advantage of all proper opportunities to excite the interest of the outside physicians. A plan has been proposed for holding a clinic at the hospital, to be attended by such physicians as may be interested, and this will probably before long be started.

The trustees feel that during the coming year the hospital should advance in two directions: first, in regard to the provision for children; this is of extreme importance, both for the patients and for the proper management of the institution.

Since the lowering of the age limit for the admission of patients, and since the removal of the restriction on the reception of the feeble-minded by the Legislature, we have received and we are liable to receive children whom it is not advisable to place with the adults, and for whom some separate provision must be made. The separation of epileptic children from the adult epileptic patients is necessary (1) for the safety of the children; (2) for their moral welfare; (3) in order that they may be placed under the most favorable conditions for improvement and cure. It would seem scarcely necessary to enter more fully into these considerations as we believe that they will be readily accepted.

FOXBOROUGH STATE HOSPITAL.

Opened in February, 1893. Present capacity, 300.

Valuation of plant, per capita of capacity, \$1,344; real estate, \$1,142; personal, \$202.

Daily average number of patients, 289 (inebriates, 101; insane, 188); increase for the year, 51.

Number Oct. 1, 1908, 299.

Finances.

Expenditures from maintenance funds, \$95,000; total receipts, \$14,653; being \$936 from private patients, \$11,976 from cities and towns, \$1,741 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$6.08; the same less repairs and improvements, \$5.69.

Weekly per capita cost of whole service, \$1.91; ward service, \$0.55.

One person employed for every 4.35 patients; 1 nurse for every 12.66 patients.

Average monthly wage for all persons employed, \$35.95; for nurses, \$30.41. (Compare with Table IX. of the Appendix.)

Statistics regarding the insane will be found with those of other institutions for the insane, in the Appendix.

The general statistics for the year relative to inebriates are:—

Patients in hospital Oct. 1, 1907,	89
Admissions within the year,	489
By commitment,	246
By transfer,	—
By return from leave of absence of previous years,	26
By return from escape of previous years,	6
By return from visit of previous years,	3
Voluntary,	13
Nominally for discharge,	195
Whole number of cases within the year,	578
Final discharges within the year,	279
By death while in house,	4
By death while on leave of absence,	—
By death while on visit,	—
By death, escaped,	—
As insane,	10
By time limit while in house,	12
By time limit while on leave of absence,	157
By time limit while on visit,	7
By time limit, escaped,	31
As not to be benefited by further treatment while in house,	44
As not to be benefited by further treatment while on visit,	—
Deported,	2
By own request, voluntary,	12
Patients absent, not finally discharged,	218
Leave of absence,	191
Escaped,	25
Visit,	2
Patients remaining in hospital Sept. 30, 1908,	87
Viz.: State patients,	52
Town patients,	33
Private patients,	2
Number of different persons within the year,	379
Number of different persons admitted,	292
Persons committed,	244

Daily average number of patients,	100.96
Viz.: State patients,	57.03
Town patients,	40.21
Private patients,	3.72

Inebriates.

Daily average number, 101; increase for the year, 14.

Commitments, 246; increase for the year, 32.

Admitted for the first time to any institution for the treatment of inebriety, 163, or 62.93 per cent.

Admitted to this hospital for the first time, 205, or 79.15 per cent.; 43 for the second; 9 for the third; 1 for the fourth; 1 for the seventh.

First Cases of Inebriety.

Native-born patients, 74.15 per cent.; natives of Massachusetts, 57.07 per cent.; 31.25 per cent. of the parents were native born.

Average age at which habit began, twenty-nine years; when admitted, forty years; 34, or 16.59 per cent., were over fifty years old when admitted.

Average known duration of inebriety, 12.11 years.

Resident in cities or large towns, 186, or 90.73 per cent.; country districts, 19, or 9.27 per cent.

Forty-four patients were discharged, as not to be benefited by further treatment.

The trustees report that, —

The work of the year has been devoted to the immediate problems of administration rather than to the larger questions of future policy. The Board early concluded that only by a complete reorganization of the institution, by the establishment of more confidential relations between the officers of the institution and the Board of Trustees and by closer co-operation between the hospital and the courts could the hospital be ready to undertake the larger duties which seem to await it.

In January the resignation of Dr. Woodbury, superintendent of the hospital, was received and accepted. In February Dr. Irwin H. Neff was elected superintendent, and on April 1 he entered upon his duties. Dr. Neff was for twelve years the senior assistant physician of the State Hospital at Pontiac, Mich., where he had practical experience in the administration of a large hospital and long training in the care of all classes of neuropathological patients. He has entered upon his duties with the complete confidence of the Board of Trustees.

Early in the year the rule that but three months' residence would be required of patients committed for the first time was abolished. The Board found that it was impossible to classify the patients, or to set any time limit when they should be discharged, and the existence of the rule was a cause of irritation to those patients who were so slow in improving that they were excepted from it. Now every man is told that he will be permitted to leave the institution when his condition seems to make it for his advantage to do so, and not before; he has no more right to be discharged at the time that another man is than two patients who are sent to a general hospital, each for his own disease, may anticipate the same length of residence. The result of this individual treatment has been a markedly more contented atmosphere in the hospital. The men think that interest is taken in them as individuals, not merely as one of a group. They know that the way to hasten their departure lies in improving their condition, and they take an interest in themselves, and in the treatment and work, which was lacking under the old rule.

The Board desires to record its deep satisfaction in the creation of the Commission on Probation. It has already met with the commission, and such plans as are possible at this time for co-operation between the officers of the hospital and the probation officers throughout the State have been considered in outline. At the conference five principles of procedure were proposed by us as a basis for discussion, and were informally approved of as indicating the direction in which the policy of the Commonwealth with regard to the treatment of drunkenness should advance. These principles were:—

1. In all cases of inebriety, without criminal taint, and under the age of thirty-five, the next stage after probation is presumably Foxborough.
2. A penal record, if without criminal taint, should not for the present be considered a disqualification.
3. No advanced or confirmed cases should be sent to Foxborough.
4. It is desirable that probation officers—who deal with all cases of inebriety except those before the probate courts—should secure special additional evidence as to cases on trial for drunkenness, in order that the court may be enabled to decide more accurately as to their disposal.
5. It is desirable that probation officers should, as far as possible, seek out cases of the proper type for Foxborough, whether under arrest or not, thus doing preventive work for the courts and the community.

We believe that as the probation officers become familiar with the class of inebriates which is likely to receive assistance from residence at Foxborough, and are in a position to advise the courts in regard to the disposition of difficult cases, the hospital will show better results than it ever has before. If in addition these officers will undertake to keep under surveillance patients who are on leave of absence, thus protecting a man at the critical time when a friend to guard and encourage him may be the determining factor in effecting his regeneration, we shall feel

that another important step has been taken by the Commonwealth in its care of inebriates.

Sooner or later the Commonwealth must face the fact that a permanent detention colony for confirmed and incorrigible drunkards is a necessary link in her chain of public institutions. There is no opportunity to care for such persons at Foxborough. The hospital can take only those cases which there is a reasonable hope of curing. During the past year the Board has discharged, as soon as possible after their arrival, a large number of patients who, because of age, confirmed habits of intoxication or criminal taint, seemed unlikely to be benefited by longer residence. This policy has been maintained even at the expense of keeping the number of patients below the average of recent years, so important has it seemed to the Board to separate the curable from the incorrigible types of inebriates. The repeated short criminal sentence of the rouser at the island or house of correction is admittedly futile so far as its reformatory effect is concerned, is expensive to the Commonwealth and is simply an example of the penalty which fails to fit the crime. The sentence of such a man to the State Farm is but little better, as the period of detention at that institution is too short to be of practical value, and the indiscriminate mingling of drunkards with true criminals is demoralizing to both classes of persons. The man who has shown himself by long habits of drinking to be a financial drain, often a source of danger both to his family and to the community, should be detained upon an indeterminate sentence in some colony where he may be required to work for his support. Until the policy of an indefinite number of short terms for the confirmed drunkard is supplanted by that of a long term at self-supporting labor, the Commonwealth will be unable to assert that it is treating the drink problem in a modern way.

The outcome of our experience the past year with a large number of cases of many kinds and degrees indicates clearly to us that there should be a thorough study of important problems connected with the general question of the care of the inebriate, aside from the specific management of the hospital. Prominent among these problems is the pressing one of the woman inebriate. We therefore urgently recommend that a special inquiry, covering the classification and disposition of types, proper equipment for their treatment, after-care of discharged patients or inmates, the co-operation of private citizens, etc., be formally authorized by the Legislature.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED.

Opened in October, 1848. Present working capacity, 1,262; at Waltham, 1,062; at Templeton, 200.

Valuation of plant, per capita of capacity, \$739; real estate, \$622; personal, \$117.

Daily average number of patients, 1,232; increase for the year, 60.

Number Oct. 1, 1908, 1,283; 1.66 per cent. above capacity.

The general statistics for the year are:—

	Males.	Females.	Totals.
Number present Oct. 1, 1907,	703	515	1,218
Admitted during year,	184	89	273
Viz.: School cases,	134	47	181
Custodial cases,	50	42	92
Whole number of cases within the year,	887	604	1,491
Discharged within the year,	127	57	184
Died during year,	16	8	24
Number Sept. 30, 1908,	744	539	1,283
Viz.: State patients,	113	226	239
Town patients,	204	181	385
Private patients,	24	24	48
Massachusetts school beneficiaries, . . .	365	177	542
New England beneficiaries,	30	26	56
Supported by invested funds,	8	5	13
Daily average number of patients,	713	519	1,232
Number Sept. 30, 1908, at school,	563	539	1,102
Number Sept. 30, 1908, at Templeton, . . .	181		181
Applications during the year,			541

Finances.

Expenditures from maintenance funds, \$239,461; total receipts, \$96,630; being \$23,283 from private sources, \$71,995 from cities and towns, and \$1,352 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$3.68; the same less repairs and improvements, \$3.44.

Weekly per capita cost of whole service, \$1.44; ward service, \$0.68.

One person employed for every 5.01 patients; 1 nurse for every 8.47 patients.

Average monthly wage for all persons employed, \$31.27; for nurses, \$24.85; men, \$28.70; women, \$24.01. (Compare with Table IX. of the Appendix.)

The superintendent reports that, —

For another year the inmates and employees have enjoyed remarkably good health. As in previous years, for weeks at a time there has been no serious case of acute illness. This immunity from disease is largely due to the active outdoor life, well-ventilated buildings, simple, wholesome food and especially to efficient and thorough hygienic supervision by the medical staff. The small number of cases of tuberculosis is especially noticeable.

In the early summer there were 50 cases of measles, — 40 children and 10 employees. One very feeble patient died as the direct result of the disease, and 3 others were so enfeebled that they succumbed to other diseases within a few weeks. In the autumn 21 cases of scarlet fever developed, with 1 death.

One of the detached hospital blocks is always kept in readiness for the care of the cases of contagious and infectious disease which are certain to occur at frequent intervals among a large population of children. The new hospital block, or ward, was occupied in September. It is roomy and sunny, and affords ideal accommodation for ordinary cases of illness.

The work of the school and training classes shows development and progress. An additional kindergartner has been added to the teaching staff, making better classification possible. Every child of school age is receiving the training which he seems to need.

The room formerly occupied by the hand work is now thoroughly and conveniently equipped for the training classes, with abundant equipment for the training of the special senses, color and form discrimination and hand training in great variety. Nearly all the school material in this department was made by our boys in the manual training room.

Especial attention is paid to finding a place in our community life where the graduates of the schools are given work in which the school training may be directly utilized and exercised. For instance, all the bedding, linen and clothing issued from our storerooms — thousands and thousands of individual pieces each year — is marked with pen and indelible ink by girls who were taught to write in our schoolrooms. Each of the kindergartners and class trainers has an efficient and happy assistant who is a graduate of the schools. One of these girls even assists with simple copying and clerical work in the office.

Physical training in the broadest sense will always be one of the most important means of improving the physical and mental condition of the feeble-minded. Every pupil of suitable age in the school receives regular physical training. Formal gymnastics, musical and rhythmical drill, military drill, the ordinary games of children, competitive games and athletic contests are used in great variety, under tactful and efficient direction.

In suitable weather much of this work is carried on outdoors. The

new cinder running track on the athletic field is a valuable addition. The running races and other track events, and the baseball, football and basket-ball games, are eagerly contested, and do much to develop and interest our pupils. Even the larger girls have two baseball nines who play weekly games, with great enthusiasm.

The manual and handwork classes were transferred to the new manual training building at the beginning of the fall term. The boys' manual classes occupy the first floor. One room is devoted to sloyd; one to mattress and pillow making; one to actual making of useful articles of wood at separate benches; one to painting, brush making, sandpapering, net making, mat making and cane seating; one to shoe repairing; and the "weave room" contains six hand looms, where the boys weave first-class crash for towels, and serviceable and attractive rag carpets. The convenient arrangement of separate tables and stock boxes for each industry greatly facilitates the systematic handling of the large numbers of boys who daily spend a short time at several of these occupations. This training is not for the brighter boys alone, but is successfully given to many boys who are not capable of strictly school work. As far as possible this manual training is directly applied towards the production of results which have practical intrinsic value. The needs of a large institution furnish an outlet for everything the boys make. The fact that the boy sees his handwork put to actual use is a most powerful incentive.

The second floor in the manual building is devoted to the girls' handwork classes. One large room makes a convenient domestic training room; one is a class room for teaching sewing; one has a spinning wheel, three knitting machines, three looms, tables for cutting, sewing and braiding rugs for rag carpets, a table for hand looms and a table for sewing braided rugs; another large room contains tables for separate classes in pillow lace making, basket making, knitting, crocheting, embroidery and fancy work, hooking rugs and a frame for net making. Each table is devoted to its particular industry, and holds the stock box for that industry, with the necessary materials, tools and appliances all ready for work. Each table is large enough to accommodate a class of twelve. The class comes in and is immediately put to work, with no time lost assembling material. A bulletin board on the wall at the head of each table or loom or machine shows the names of the pupils in each class, and the hour for that class. This organization permits a large number of pupils to receive the training, with no confusion and no loss of time. One class quietly follows another all day long. As with the boys, this hand training is applicable not only to the brighter pupils, but to many who will never be capable of being trained in the school-rooms. The facilities afforded by this new building have enormously added to our power to develop our pupils.

In the domestic science room classes of girls receive accurate instruction in ordinary housework. They are taught to wash dishes, to make a

fire in the kitchen range, to brush the stove, to wash a potato, to properly boil or bake a potato, to prepare other vegetables, to cook a beefsteak or other meat, to make bread and even cake, to lay a table and to properly serve a meal. Some of the advanced classes will cook an entire dinner; one pupil builds the fire, one makes the soup, another cooks the vegetables, another the meat, dessert, etc.; one lays the table, and finally one waits on the table while the rest of the class sit down and enjoy the meal they have prepared. This class work is directly applied in the domestic economy of the school. The pupils who do the best work in the class room are promoted to apply their acquired skill in the various kitchens and dining rooms, to their very great pride and satisfaction. Some of them have developed a good deal of skill in simple cookery. Nearly all have ceased to regard kitchen work as mere drudgery.

With the girls generally the introduction of the musical training, the domestic training and the fascinating forms of handwork — embroidery, fancy work, etc. — has opened up many natural sources of feminine interest and pleasure. This greatly broadened life has apparently made a permanent change in the relation of the girls as a whole to the school and to life generally. As a class they have become much better contented, better behaved and have become infinitely more like normal women in every way.

This noticeable change in the apparent mental condition of so many of our girls has opened up a new set of perplexing problems, as has already been called attention to in the report of the trustees.

It often happens that a girl is committed to the school because she has been found impossible at home and in the community. She is dull mentally, idle, untidy in dress, disobedient, willful, incorrigible, inefficient at any kind of work. Probably she has been unchaste, perhaps has had one or more illegitimate children; she may have a court record. She comes to us hard and unattractive, impudent, insolent and useless. She is put in school; she is taught to read and write, to sing, to cook, to sew, to knit. With good, simple food, regular bathing, physical exercise, regular habits, etc., she becomes strong, bright-eyed and attractive. She becomes quiet, obedient and well behaved. Her friends see the change, but do not realize that the improvement is the result of and depends upon the environment of the school, the influence of association with refined women, absence of temptation, and constant supervision and direction. They demand that she may be sent home, that the family may have the benefit of her work or that she may be put out to service for wages. They do not realize that with the best possible home supervision the girl will almost always rapidly deteriorate, and quickly return to her old ways. They do not understand that the mental weakness which was the cause of the moral delinquency is a permanent condition, and in all probability will reassert itself if the constant supervision is taken away. We now have at least twenty cases where the friends are urgently asking for the discharge of female patients whose history

before and after entering the school closely corresponds to the hypothetical condition described above. The apparent fitness of a girl of this type for home life, as a result of the school training, is so real that a magistrate would hesitate to commit the very girl he unhesitatingly committed, at the urgent request of the same relatives, only a few months previously. The fact that every one of the girls of this type almost certainly returns to her previous troublesome mental, social and moral habits is well understood by every one familiar with mental defectives.

This year, two girls who had been admitted to the school under the conditions described above improved so much in every way that the relatives honestly believed that it was not fair to keep them here longer, and also wished to have the girls at home to assist with the housework. Prominent people became interested and urgently requested the discharge of the girls. The families promised to closely watch and guard them. The trustees finally permitted these girls to return to their homes. They quickly became unmanageable and wayward, and both became pregnant within a few months of their discharge. Both girls were then recommitted to the school.

The existence of this large institution is largely due to the demands of parents, physicians, clergymen, court officers, social workers, and thoughtful people generally, that feeble-minded women should be permanently removed from the community. In this State there is an urgent demand for the commitment and permanent detention of the higher grade cases of defect, where the social incapacity and the moral weakness are more obvious than the mental backwardness. These cases cannot support themselves, and are most undesirable and troublesome members of society. Under institution conditions, protected, supervised and helped as they are, they soon behave much like normal women. If sent out into the community they almost invariably return to their former habits. It is not difficult to obtain powerful pressure to discharge these cases. Indeed, the fact, well known to alienists, that these girls are often attractive and bright-looking, and are able to talk glibly and plausibly, is very convincing, even to the courts. We have, therefore, to face the anomalous fact that it is easy to have a class of patients committed to the school under a permanent commitment who in a few months are likely to impress the same court as cases who ought at least to be released on trial, on the principle that no person ought to be permanently deprived of his liberty on the mere assumption that he will in all human probability misbehave or commit crime.

This state of affairs is largely due to the fact that the medical and popular appreciation of the existence of this most dangerous class of so-called moral defectives has not yet been adequately formulated into workable legal definitions and precedents.

WRENTHAM STATE SCHOOL.

Opened in June, 1907. Present capacity, 50.

The general statistics for the year are: —

Number remaining Sept. 30, 1907,	10
Admitted within the year,	45
Whole number of cases within the year,	55
Dismissed within the year,	6
Viz.: Died,	1
Transferred,	5
Remaining Sept. 30, 1908,	49
Daily average number,	32.67

Finances.

Expenditures from maintenance funds, \$14,533; total receipts, \$719; being \$681 from cities and towns and \$38 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$8.45; the same less repairs and improvements, \$7.63.

Weekly per capita cost of whole service, \$3.42; ward service, \$0.57.

One person employed for every 3.03 patients; 1 nurse for every 9.62 patients.

Average monthly wage for all persons employed, \$44.88; for nurses, \$23.74; men, \$26.95; women, \$22.68. (Compare with Table IX. of the Appendix.)

The superintendent reports that, —

Forty-five boys were admitted during the year. These were transfers made by the State Board of Insanity from the Massachusetts School for the Feeble-minded at Waltham. Five boys proving unsuitable for colony life were sent back to the Waltham school. One death from epilepsy occurred during the year. Forty-nine boys were present Nov. 30, 1908.

The 10 boys present at the close of last year remained in the Hurley house during the winter. They were busy hauling and cutting wood, hauling stone from the farm land to the building site, and helping with the completion of the farm group of buildings. The last week in March these boys were moved to the farm, and the first week in April 23 boys were admitted from the Waltham school. The first week in June 17 more boys were admitted.

Our boys not only planted, cared for and harvested the crops, but they hauled the stone used in the erection of the power house, did a large part of the excavating of the basements for the new buildings, hauled many carloads of building material from the station, have done the grading around the farm dormitories and barn, and are now grading around the farmhouse. The boys have thus been busy and therefore happy, and their work is counting very materially in the beginning of the new institution. Our larger boys are taking a great interest in assisting with the building operations, and are improving both mentally and physically in a striking degree, according to the interest manifested in the doing of their work.

The construction work is progressing satisfactorily. The two dormitories and service building, which are being built by contract, are well under way, and the contractors hope to have them roofed in before severe winter weather. The power house and mechanics' building, which is being erected by our own mechanics, is now ready for the roof. This building is largely a home product. The exterior walls are made from field stone taken from the farm; the door sills, window sills, lintels and interior walls are made of concrete.

The building material, of which there is an abundance on the place, is proving excellent. The field stone has a splendid cleavage and the sand and gravel are of first-class quality.

A large well was dug at the farm which has furnished water for the farm buildings and also water for construction purposes. Three thousand feet of water pipe have been laid, connecting the farm buildings with the buildings now under construction, and connecting all of the latter.

Test wells have been driven on the lot owned by the school south of the railroad. An abundant supply of water has been located, and the site and quality of water approved by the State Board of Health.

HOSPITAL COTTAGES FOR CHILDREN.

This is a private institution, for which the Governor appoints five trustees, in addition to those selected by the corporation. It is maintained from the income of private funds, donations and the board of patients. State and town charges are received for \$3.25 a week, although the weekly cost of support is considerably in excess of this amount. In consideration of this service, the State has from time to time appropriated money for buildings and structural improvements. It is subject to supervision by the State Board of Insanity, to which it makes a financial statement, and furnishes such other information as may be required.

Opened in June, 1882. Present capacity, 140. Daily average number, 121.

Valuation of plant, per capita of capacity, \$683. Permanent funds, \$304,159. Expenditures for maintenance, \$34,288. Receipts, \$38,726; support of State charges, \$7,055; from cities and towns, \$8,284; from individuals for support of patients, \$7,782; from sales, contributions and other sources, \$15,605. Weekly per capita cost of maintenance, \$5.17.

The general statistics for the year are:—

Patients in house Oct. 1, 1907,	. . . . .	125
Admitted within the year,	. . . . .	28
Whole number of cases within the year,	. . . . .	153
Dismissed within the year,	. . . . .	32
Viz.: Discharged,	. . . . .	28
As recovered,	. . . . .	4
As much improved,	. . . . .	5
As improved,	. . . . .	14
As not improved,	. . . . .	5
Died,	. . . . .	4
Patients remaining Sept. 30, 1908,	. . . . .	121
Viz.: State patients,	. . . . .	45
Town patients,	. . . . .	42
Private patients,	. . . . .	34
Daily average number of patients,	. . . . .	121
The largest number on any day,	. . . . .	126
The smallest number on any day,	. . . . .	117

Fifteen epileptics were admitted, being 53 per cent. of all admissions. Eighteen epileptics were discharged, of whom 2, or 11 per cent., had recovered.

The trustees report that, —

The renovation and extensive repairs of the buildings, absolutely necessary, and made possible without extraordinary effort by the increased income from the timely additions to the permanent fund from the Potter bequest and other gifts, have been continued during the year. Progress has been retarded by the necessity of waiting for the removal of the main water tank from the center building to some outside location. That question has now been settled, and it is hoped that the new water tank will be erected and ready for service before winter sets in.

The renovations so far made include extensive repairs on the roofs of the older buildings, the interior of the west wing, and a group of wards

in the center building. Further changes, to make the rest of this building more suitable for administration purposes, are planned and will soon be undertaken. These repairs and other urgently needed improvements will necessarily extend over a series of years, and the increased income from the permanent fund at this time is an extremely fortunate circumstance. It relieves the friends of the hospital from calls for a larger amount of extra assistance.

Much has been done in improving the grounds, notably in clearing up the groves near the hospital. In this work much assistance has been rendered by the older boys. Incidental to the development of a more adequate water supply, advantage has been taken of the dry season and low water to enlarge the storage capacity of the reservoir by further excavation. The material thus obtained has been utilized to great advantage in repairs and improvements on the roads traversing the hospital grounds.

The lighting and power plant has been improved by the installation of two new Fitchburg engines and a Westinghouse dynamo.

A small parcel of land (six and one-half acres) bordering upon the hospital property, which it was thought best to control, has been purchased. There is an old house upon it which can be put into condition for occupancy by some of our employees at small expense.

The work of the schools has been very gratifying and the teachers are to be commended. More attention has been given to manual training and calisthenics, with good results. The older boys and girls have been more generally employed than ever before.

THE MCLEAN HOSPITAL.

Opened in October, 1818. Present capacity, 220.

Valuation of plant, per capita of capacity, \$8,452.

Average per capita cost of maintenance, \$24.37.

Daily average number of patients, 214; increase for the year, 21.

Number Oct. 1, 1908, 218; 0.90 per cent. below capacity.

All commitments, 169; decrease for the year, 4.

Commitments as insane, 161; decrease for the year, 6.

First cases of insanity, 108; 67.08 per cent.

Voluntary admissions, 94; decrease for the year, 10.

Emergency commitments, 3; decrease for the year, 7.

First Cases of Insanity.

Native-born patients, 81.48 per cent.; mothers, 61.22 per cent., fathers, 60.61 per cent.

Age sixty years or over, 12.04 per cent.

Resident in cities or large towns, 73.15 per cent.; country districts, 26.85 per cent.

Previous duration of insanity, under six months, 64.81 per cent.

Curable forms of insanity, 52.78 per cent.

Causes: hereditary, 49.07 per cent.; alcoholic, 3.70 per cent.; coarse brain lesions, 5.56 per cent.; syphilis, 8.33 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 42; 26.09 per cent. of commitments.

Recoveries of first cases of insanity, 24; 22.22 per cent. of first cases.

Recoveries in curable group A, 19; 33.33 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 21; 5.66 per cent. of whole number of persons treated.

Curable forms of mental disease present in 42.86 per cent.; senile insanity in 9.52 per cent.; general paralysis in 19.05 per cent. (Compare with Table 3.)

The superintendent reports that, —

The hospital laboratories are the centers for our medical work. Dr. Folin, who has been the head of the chemical laboratory, where he has done such advanced and valuable work, since Oct. 1, 1900, was obliged to resign October 31, to give his whole service to the Harvard Medical School, where he is associate professor of biological chemistry. Since Dr. Folin's departure the laboratory has been under the direction of Mr. Erdmann. Work has been continued on "the separation of methylamine and ammonia as applied to urine analysis, and its significance in metabolism experiments." This is not yet finished, but will be ready for publication in a few months. Work also has been started in connection with the chemistry of the brain. It is a new field of research so far as this laboratory is concerned, and time will be required to show results.

The work of the psychological laboratory has proceeded almost exclusively along the lines indicated in the previous report. The anomalous fatigue phenomena in manic-depressive depressions have been studied in a number of other cases, and seem to afford a fairly precise indication of the presence and extent of motor retardation in these dis-

orders. The result of the method in thirteen cases has been published, and the remainder of the cases studied, including observations with other psychoses, are practically ready for publication.

In that large group of cases, mainly dementias which are inaccessible to observations involving voluntary co-operative effort, the study of the involuntary responses to experimentally given situations is indicated as a fruitful problem. The possibilities of this field are well indicated in the recent work of Diefendorf and Dodge. Efforts are being made in the laboratory toward the study of vaso-motor and allied responses, especially as influenced by affective elements. The immediate clinical bearing of this inquiry is the problem presented, in certain cases, of the differentiation between the retardation of manic-depressive insanity and the blocking of dementia præcox.

Some work directed toward the standardization of psychological tests, especially those of association, has also been carried on in the laboratory, the conditions of which are peculiarly adapted to problems of this nature.

The principal additions to the equipment of the laboratory are a rotary transformer and a continuous record kymograph, especially adapted for the continuous registration of the movements of a beam of light.

During the last year work in the clinical department has been carried on along the same lines as adopted now for some years. A special effort has been made to get accurate, detailed histories of the cases previous to the time of entrance to the hospital. Owing to the class of cases usually admitted it is possible, as a rule, to obtain excellent information as to heredity, educational and social environment, and the reaction of the patient thereto,—facts indicating the general character and make-up of the individual,—as well as the details of onset and development of the attack. Soon after entrance, and at frequent intervals throughout their stay at the hospital, the patients are carefully observed, and thorough mental examinations made with the aid of such psychological tests as are applicable. The physician is aided not only by the assistants; but also by the nurses, who are especially instructed in the observation of patients and the daily recording of the results of such observation. A summary of the nurses' notes for the time between the observations of the physician not only gives continuity to the records but often furnishes valuable additional information.

Such complete histories and records are naturally of great assistance in forming an opinion as to diagnosis and prognosis, but, more than that, they furnish the data for later scientific work. The hospital has now accumulated data of this kind extending back for nearly fifteen years, and it is the custom from time to time to send out letters of inquiry concerning patients who have left the hospital in order to complete the records and bring them up to date. In this way we obtain observations of individual cases extending over many years. At the

present time, in addition to the routine work we have begun collecting additional information concerning some five hundred patients, many of whom left the hospital ten years ago. When these records shall have been brought up to date in this way they will form very excellent data for scientific work, and it is proposed to study them and publish the results.

THE SMALLER PRIVATE INSTITUTIONS

licensed by the Governor to care for the insane number 18. Both mental and non-mental patients are received.

During the year a license was granted to Edward B. Lane, M.D., of Wellesley. The license of William F. Heald of the Cutter Retreat was terminated by his death.

On Oct. 1, 1908, there were in these institutions 174 patients of both classes, an increase of 7 for the year. The insane numbered 92, or 53 per cent. There were 83 admissions of the insane and 77 dismissals during the year.

The general statistics for each institution are set forth in the following tabulation:—

“Bournewood.”—Henry R. Stedman, M.D.

	SANE.		INSANE.		Totals.
	Men.	Women.	Men.	Women.	
Number Oct. 1, 1907,	1	1	4	6	12
Admitted during the year, . . .	1	—	1	8	10
Dismissed during the year, . . .	1	1	2	2	6
Number Sept. 30, 1908,	1	—	3	12	16

“The Highlands.”—Frederick W. Russell, M.D.

Number Oct. 1, 1907,	3	1	3	2	9
Admitted during the year, . . .	14	2	1		17
Dismissed during the year, . . .	15	3	2		20
Number Sept. 30, 1908,	2		2	2	6

“Channing Sanitarium.”—Walter Channing, M.D.

Number Oct. 1, 1907,	1	12	—	12	25
Admitted during the year, . . .	—	5	—	9	14
Dismissed during the year, . . .		7	—	5	12
Number Sept. 30, 1908,	1	10	—	16	27

Private Hospital — Eben C. Norton, M.D.

	SANE.		INSANE.		Totals.
	Men.	Women.	Men.	Women.	
Number Oct. 1, 1907,	—		1	4	5
Admitted during the year, . . .		1		6	7
Dismissed during the year, . . .		1	1	5	7
Number Sept. 30, 1908,				5	5

"Pine Terrace."—W. F. Robie, M.D.

Number Oct. 1, 1907,	1	2		4	7
Admitted during the year, . . .	26	18		—	44
Dismissed during the year, . . .	23	18		2	43
Number Sept. 30, 1908,	4	2		2	8

"Herbert Hall Hospital."—John Merrick Bemis, M.D.

Number Oct. 1, 1907,	1	2	4	13	20
Admitted during the year, . . .	4	1	9	14	28
Dismissed during the year, . . .	4	3	6	19	32
Number Sept. 30, 1908,	1	—	7	8	16

"Newton Nervine and Sanatorium."—N. Emmons Paine, M.D.

Number Oct. 1, 1907,	3	4	2	3	12
Admitted during the year, . . .	9	36	8	2	55
Dismissed during the year, . . .	10	33	9	4	56
Number Sept. 30, 1908,	2	7	1	1	11

"Locust Grove Asylum."—Miss Alice R. Cooke.

Number Oct. 1, 1907,				3	3
Admitted during the year, . . .		1			1
Dismissed during the year, . . .		1			1
Number Sept. 30, 1908,				3	3

"Cutter Retreat."—William F. Heald, M.D.

Number Oct. 1, 1907,	2	3		2	7
Admitted during the year, . . .					
Dismissed during the year, . . .	2	3		2	7
Number Sept. 30, 1908,					

"Dr. Ring's Sanatorium."—Allan Mott Ring, M.D.

	SANE.		INSANE.		Totals.
	Men.	Women.	Men.	Women.	
Number Oct. 1, 1907, . . .	2	6			8
Admitted during the year, . . .	32	53			85
Dismissed during the year, . . .	31	52			83
Number Sept. 30, 1908, . . .	3	7			10

"Framingham Nervine."—Ellen L. Keith, M.D.

Number Oct. 1, 1907, . . .		11		1	12
Admitted during the year, . . .		23			23
Dismissed during the year, . . .		27			27
Number Sept. 30, 1908, . . .		7		1	8

"Wellesley Nervine."—Edward H. Wiswall, M.D.

Number Oct. 1, 1907, . . .		7		7	14
Admitted during the year, . . .	5	24	1	7	37
Dismissed during the year, . . .	5	21		6	32
Number Sept. 30, 1908, . . .		10	1	8	19

Private Hospital.—J. F. Edgerly, M.D.

Number Oct. 1, 1907, . . .		1			1
Admitted during the year, . . .	1	5		1	7
Dismissed during the year, . . .	1	4		1	6
Number Sept. 30, 1908, . . .		2	—		2

Private Hospital.—George B. Coon, M.D.

Number Oct. 1, 1907, . . .			3	3	6
Admitted during the year, . . .	1		2	5	8
Dismissed during the year, . . .		—	1	3	4
Number Sept. 30, 1908, . . .	1	—	4	5	10

"Highland Hall."—Samuel L. Eaton, M.D.

Number Oct. 1, 1907, . . .		6			6
Admitted during the year, . . .	—	8			8
Dismissed during the year, . . .		4			4
Number Sept. 30, 1908, . . .		10			10

" Dr. Reeves' Nervine "—Harriet E. Reeves, M.D.

	SANE.		INSANE.		Totals.
	Men.	Women.	Men.	Women.	
Number Oct. 1, 1907,		2		2	4
Admitted during the year, . . .		5		2	7
Dismissed during the year, . . .		5		2	7
Number Sept. 30, 1908,		2		2	4

" Wheeler Sanitarium "—Mrs. Maria H. Paul.

Number Oct. 1, 1907,		1	1	4	6
Admitted during the year, . . .	1			1	2
Dismissed during the year, . . .				1	1
Number Sept. 30, 1908,	1	1	1	4	7

" Arlington Health Resort "—Arthur H. Ring, M.D.

Number Oct. 1, 1907,	2	6		2	10
Admitted during the year, . . .	12	28	1	4	45
Dismissed during the year, . . .	12	28	1	3	44
Number Sept. 30, 1908,	2	6		3	11

Private Hospital.—Edward B. Lane, M.D.

Number Oct. 1, 1907,				—	—
Admitted during the year, . . .			1		1
Dismissed during the year, . . .					
Number Sept. 30, 1908,	—	—	1		1

Total Smaller Private Institutions.

Number Oct. 1, 1907,	16	65	18	68	167
Admitted during the year, . . .	106	210	24	59	399
Dismissed during the year, . . .	104	211	22	55	392
Number Sept. 30, 1908,	18	64	20	72	174

FAMILY CARE OF THE INSANE UNDER THE STATE BOARD.

First patient boarded in a family, Aug. 10, 1885. Since placed, 921 different patients.

Number in families Oct. 1, 1908, 244; 11 men, 233 women. Placed during the year, 37 persons; a decrease of 31.

Daily average number for the year, 251; a decrease of 18.

Passed out of public support:—

During the year, 12; a decrease of 9, viz.: discharged self-supporting, 5; discharged to care of friends, 3; self-supporting

on visit, none; self-supporting in families, 4; boarded with friends without public expense, none; became private patients, none.

Since 1885, 192 different patients, viz.: discharged self-supporting, 85; discharged to care of friends, 35; self-supporting on visit, none; self-supporting in families, 39; boarded with friends without public expense, 16; became private patients, 17.

Reappeared under public support:—

During the year, 3; since 1885, 46; 24 per cent.

Number of families having patients, 117; a decrease of 11; 58 families having 1 patient; 19 families, 2; 13 families, 3; 26 families, 4; 1 family, 5.

Number of towns in which patients are boarded, 53; a decrease of 6. Largest number of patients in any one town, 60; of families, 23.

The general statistics for the year are:—

	1908.			INCREASE FOR THE YEAR.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Remaining Sept. 30, 1907,	13	262	275	-	10 ¹	10 ¹
Admitted within the year,	3	46	49	21	28 ¹	30 ¹
By transfer from institutions,	2	35	37	21	29 ¹	31 ¹
From visit,	-	-	-	-	1 ¹	1 ¹
Nominally at end of visit, for discharge,	1	11	12	-	6	6
Nominally from escape, for discharge,	-	-	-	-	4 ¹	4 ¹
Whole number of cases within the year,	16	308	324	21	38 ¹	40 ¹
Dismissed within the year,	5	75	80	-	9 ¹	9 ¹
Viz.: Discharged,	2	14	16	-	11 ¹	11 ¹
Capable of self-support,	1	10	11	11	41	51
Requiring further care,	1	4	5	1	4	5
Not insane,	-	-	-	-	11 ¹	11 ¹
Transferred to institutions,	3	49	52	2	41	21
Unsuitable,	1	25	26	1	8	9
Temporarily,	2	12	14	1	13 ¹	12 ¹
Ill,	-	12	12	-	1	1
Died,	-	7	7	11	2	1
On visit, Sept. 30, 1908,	-	4	4	11	7 ¹	8 ¹
Escaped,	-	1	1	-	1	1
Remaining Sept. 30, 1908,	11	233	244	21	29 ¹	31 ¹
Viz.: Supported by the State,	7	202	209	11	24 ¹	25 ¹
Reimbursing,	-	6	6	-	11 ¹	11 ¹
Private,	1	7	8	-	5 ¹	5 ¹
Self-supporting,	2	13	15	-	-	-
Living with friends without public aid,	1	5	6	11	1	-
Number of different persons within the year,	15	297	312	21	28 ¹	30 ¹
Number of different persons admitted,	2	35	37	21	30 ¹	32 ¹
Number of different persons dismissed,	4	66	70	-	8 ¹	8 ¹
Daily average number,	11.40	239.69	251.09	1.43 ¹	16.80 ¹	18.23 ¹
State,	7.59	209.14	216.73	.97	12.33	13.30
Reimbursing,	-	5.46	5.46	.19	.54	.73
Private,	1.00	9.21	10.21	-	3.57	3.57
Self-supporting,	1.50	11.25	12.75	.42	.57 ¹	.15 ¹
Living with friends without public aid,	1.31	4.63	5.94	.69 ¹	.21	.48 ¹

The total and weekly per capita expenditures of the State on account of patients in private families for the year ending Nov. 30, 1908, and since Oct. 1, 1889, are shown as follows:—

	Fiscal Year ending Nov. 30, 1908.	Since Oct. 1, 1889.
Payments for board,	\$33,077 41	\$420,225 88
Average number of patients exclusive of private patients,	236.76	181.82
Weekly per capita cost of board,	\$2 69	\$2 33
Payments for extra clothing not included in board rate, . .	71 26	1,484 20
Payments for medical attendance, etc., not included in board rate.	228 84	3,453 04
Weekly per capita cost of such expenses outside of board rate.	02	03
Weekly per capita cost of support (being cost of board, clothing, medical attendance, etc.).	2 71	2 36
Payments for supervision (being transportation, salaries and expenses of visitors).	4,481 93	50,046 64
Average number of patients,	246.18	191.99
Weekly per capita cost of supervision,	\$0 35	\$0 26
Weekly per capita cost of support and supervision, . .	3 06	2 62

First Admissions.

Of the 34 such admissions, 10 had been in institutions continuously for less than a year; 6, one to two years; 4, two to three years; 6, three to four years; 1, four to five years; 1, six to seven years; 1, seven to eight years; 2, eight to nine years; 3, thirteen to fifteen years. The average hospital residence was three years, seven months.

Of the 16 persons so residing less than two years, 5 had been previously insane inmates of institutions.

Of the 34 persons first admitted, 7 were returned to institutions. The remainder were successfully boarded, 5 improved mentally, 8 improved mentally and physically, 4 made physical improvement and 1 was discharged.

Readmissions.

Of the 3 such cases, 2 were admitted for the first time, 1 for the third. One had remained in institution after return from boarding less than a year; 1, one to two years; 1, seventeen to eighteen years; the average duration being seven years, five months.

Two had been returned to institutions temporarily after boarding an average of ten months; 1 as unsuitable after boarding two months.

Discharges.

Sixteen cases were discharged; 6, after boarding less than a year; 6, one to two years; 1, two to three years; 1, three to four years; 2, four to five years.

One had been continuously an inmate of an institution prior to boarding out seven to eight years; 3, four to five years; 1, three to four years; 2, two to three years; 3, one to two years; 6, less than a year.

Eleven were discharged self-supporting; 5 to friends.

In addition, 4 patients were on visit Oct. 1, 1908.

Transfers to Institutions.

Fifty-two cases were transferred to institutions, 26 as unsuitable, 12 physically ill, 14 temporarily.

Of the 26 so transferred as unsuitable, 13 had boarded less than a year; 5, one to two years; 3, two to three years; 1, three to four years; 2, four to five years; 1, six to seven years; 1, thirteen to fourteen years; the average duration being one year, eleven months. Two died in institutions after returning. Fourteen had been tried in one family, 7 in two, 3 in three, 1 in four, 1 in seven.

Of the 12 so transferred as ill, 1 had boarded less than a year; 2, one to two years; 2, two to three years; 3, three to four years; 1, four to five years; 3, fourteen to eighteen years; the average duration being five years, eleven months. Eight remained in institutions; 3 died within one month, 1 within three months.

Of the 14 so transferred temporarily, 5 had boarded less than a year; 4, one to two years; 2, two to three years; 1, three to four years; 2, four to five years. None were readmitted to family care within the year. One died in an institution after returning.

Transfers between Families.

There were 52 transfers between families. The reasons for such transfers are shown as follows:—

Self-support,	4
Higher wages,	1
To be with friends,	3
Patient selects family,	4
Patient dissatisfied,	3
Patient troublesome,	13
Patient not useful,	3
Caretaker removes,	4
Caretaker ill,	1
Caretaker unsuitable,	3
Patients no longer desired,	13

Deaths.

Seven patients died; 1 after boarding less than a year; 3, one to two years; 1, three to four years; 1, four to five years; 1, five to six years.

In addition, 6 died in institutions within six months after returning.

Escapes.

During the year 3 patients left their caretakers without leave. Two were apprehended and were returned to institutions for the insane. One is still at large and her whereabouts is unknown.

Families.

The 244 patients remaining Sept. 30, 1908, were in 117 families,—a loss of 11. Fifty-eight had 1 patient each; 19 families, 2; 13 families, 3; 26 families, 4; 1 family, 5.

Fourteen of these patients were with relatives, 7 with interested friends, 2 self-supporting in families of their own choosing, 1 in a family in each case.

Forty-one new families applied for patients, 8 being rejected. Seventeen new families were given patients within the year.

Two families became unsuitable and patients were withdrawn. Nine other families voluntarily relinquished their patients, 6 because of change of residence, 2 because of low rate of remuneration and 1 because of illness.

Cities and Towns.

The patients remaining Oct. 1, 1908, resided in 53 cities and towns: —

Amesbury, 1; Andover, 1; Arlington, 1; Ashfield, 2; Billerica, 1; Billerica, 5; Boston, 4; Brookfield, 4; Cambridge, 1; Chelmsford, 1; Chelsea, 1; Cummington, 1; Danvers, 1; Dennis, 1; Dover, 5; Dunstable, 4; Easthampton, 2; Easton, 5; Goshen, 2; Haverhill, 1; Hawley, 4; Holliston, 16; Hopkinton, 2; Leicester, 3; Lowell, 4; Malden, 1; Melrose, 1; Needham, 5; New Bedford, 1; New Braintree, 1; Newton, 1; Northampton, 1; Northborough, 2; North Brookfield, 13; Norton, 3; Petersham, 1; Plymouth, 1; Prescott, 1; Reading, 4; Revere, 1; Royalston, 6; Salem, 1; Somerville, 4; Southborough, 5; Taunton, 12; Tewksbury, 60; Tyngsborough, 1; Walpole, 8; Westborough, 12; Whitman, 1; Williamsburg, 9; Wilmington, 12; Woburn, 3.

FAMILY CARE OF THE INSANE UNDER TRUSTEES.

The trustees of institutions were authorized, by chapter 458 of the Acts of 1905, to place their patients in the care of private families under substantially the same conditions as the State Board.

First patient boarded in a family, June 13, 1905. Since placed, 21 different patients.

Number in families Oct. 1, 1908, 6; 1 man, 5 women.

Placed during the year, 4 persons, — an increase of 2.

Number of families having patients, 4, — a decrease of 1; 2 families having 1 patient; 2 families, 2.

Number of towns in which patients are boarded, 4, — the same as last year. Largest number of patients in any one town, 2; of families, 1.

The general statistics for each institution for the year are: —

	Men.	Women.	Totals.
Remaining Sept. 30, 1907,		8	8
Northampton Hospital,		7	7
Westborough Hospital,		1	1
Admitted within the year,	1	3	4
Northampton Hospital,	1	3	4
Whole number of cases within the year,	1	11	12
Dismissed within the year,	-	6	6
Northampton Hospital,		5	5
Westborough Hospital,	-	1	1
Viz.: Returned to hospital,	-	6	6
Northampton Hospital,		5	5
Temporarily,		2	2
Ill,		1	1
Unsuitable,		2	2
Westborough Hospital,	-	1	1
Temporarily,		1	1
Remaining Sept. 30, 1908,	1	5	6
Northampton Hospital,	1	5	6
Supported by the State,		4	4
Northampton Hospital,		4	4
Private,		1	1
Northampton Hospital,		1	1
Self-supporting,	1		1
Northampton Hospital,	1		1
Number of different persons within the year,	1	11	12
Number of different persons admitted,	1	3	4
Number of different persons dismissed,		6	6
Daily average number, . . . . .	.41	6.16	6.57
State,		4.62	4.62
Northampton Hospital,	-	4.62	4.62
Private,		1.31	1.31
Northampton Hospital,		1.31	1.31
Westborough Hospital,	-	.002	.002
Self-supporting, . . . . .	.41	.23	.64
Northampton Hospital, . . . . .	.41	.23	.64

THE WORK OF THE BOARD.

The Board, as directed by the Legislature, made the following special report as to the best method of providing for the insane:—

STATE HOUSE, BOSTON, May 1, 1908.

To the Honorable Senate and House of Representatives.

The undersigned, members of the State Board of Insanity, have the honor to present herewith their report in compliance with chapter 34, Resolves of the present General Court:—

Resolved, That the state board of insanity is hereby directed to investigate and report to the general court, not later than the first day of May of the present year, with such recommendations as it may deem necessary or expedient, as to the best method of providing for the insane, including those in Boston and its vicinity, in situations convenient to the interested friends of such insane persons, with special reference to, first, the care and observation of mental cases; second, the early treatment of mental diseases; and third, the treatment of acute and curable cases of insanity.

In its consideration of the subject-matter of the resolve, the Board has conferred with superintendents of institutions for the insane, and sought the counsel and suggestion of leading alienists, neurologists, and other persons interested in the treatment of mental diseases.

In formulating its conclusions reference should be made first to certain general principles which apply to all sections of the State, and to the development of all its institutions for the insane. Although results of their application may vary according to local conditions of more or less favorable character, the urgency of individual needs at particular times and the stage of progress, the complete evolution will show variation in degree, not in kind.

These principles are not new, but representative of modern tendencies in all enlightened countries. They have been the guiding factors in the development of the present system of care of the insane in this State. The extension, advocated in this report, is a natural outgrowth. Its ground work was laid in the Board's special report to the Legislature of 1900, and its salient features considered in the Board's annual reports of 1902 (pp. 9-14) and of 1904 (pp. 27-33). Preparatory steps were taken in establishing State care of the dependent insane, relief of overcrowding of asylums, and meeting the urgent demand for further provision for the young feeble-minded and epileptic. This imperative duty was discharged by enlarging existing institutions and founding farm colonies to accommodate quickly great numbers and afford reasonable amounts of breathing and living space to patients already under care.

There has been recognition of the supreme importance of better provision for the first care and observation of mental cases, of promoting the early and adequate treatment of mental diseases, and of erecting small hospitals for acute and curable patients, with ample facilities for laboratory investigations and research into the nature, causes and results of insanity. Much has already been accomplished along these lines, as will appear in later presentations. Temporary deflection to other fields of effort has been permitted only under compulsion of humanitarian instincts and the necessity of clearing obstacles from the path, which now seems open for rapid advance to this goal.

THE ABSTRACT.

These general principles and their application to prospective provision for the insane may be presented in abstract, preliminary to fuller discussion in later pages.

Accessibility of Patients to their Interested Friends

permits ease of visitation; stimulates interest and co-operation; saves expense of travel and loss of time of working people; creates mutual sympathy and understanding of the needs of the public and the difficulties of the institution.

Location of Institutions Convenient to Populous Centers

minimizes the exhaustion incident to conveyance of the feeble patient to the hospital, the disturbance by the excited, the delay in emergency, and the frequency of recourse to city prison and lockup pending legal formalities of commitment.

Division of the State into Institution Districts

and keeping all classes of the insane near their home environment facilitate the individual and continuous study and treatment of the acute and curable in numerous small hospitals, and prevent massing the chronic in great asylums at a few distant points.

Interchange of Patients between Districts

is permissible if there be no friends, or if their interest has waned.

Essential Independence of Districts

should be preserved, because a definite and exclusive problem quickens the sense of responsibility for its solution, stimulates initiative and enterprise and begets wholesome rivalry between similar and competing institutions, which tends to raise standards and increase efficiency.

The Extent of Institution Districts

should vary with density and distribution of population.

The Size of an Institution

should be limited within the compass of the individual study and treatment of its patients, and within the capacity of a single executive head to conserve efficiency and unity in business administration. The maximum should be determined by the character of its patients. Every district will furnish substantially the same classes, whose needs are expressed in the colony, the custodial and the hospital ideas.

The Colony Idea

applies to the harmless, quiet, able-bodied chronic patients, some 40 per cent. of the insane. Its aims are provision of a home with natural interests, industrial re-education of the demented, and their training in useful occupations for self-improvement and support.

The Custodial and Infirmary Idea

applies to the dangerous, untrustworthy and infirm chronic patients, some 50 per cent. of the insane. Its main purpose is humane care, safe custody, palliative treatment, diversion and occupation, to improve the patient and break the monotony of institutional life.

The Hospital Idea

is expressed in the psychopathic hospital for the acute and curable insane, less than 10 per cent. of all. It seeks the most enlightened treatment of mental disease; broadest knowledge of insanity by scientific research into its nature, causes and results; amplest opportunity for clinical study and instruction in mental diseases, to the end that the general practitioner of medicine may become competent to treat incipient mental disease in the most curative stage, or prevent its development by advice which he alone is privileged to give; public provision for the voluntary mental patient without stigma of insanity; out-patient service for the poor who need instruction and counsel in mental hygiene, prevention of mental disease and after-care of dismissed patients, and for the early discovery of dangerous tendencies of the mentally deranged in the community in season to safeguard against violence.

The Tendency to Better Classification

of the insane and departure from the traditional massive type of institution to afford wider separation of essentially different classes has become universal, and its necessity, to meet the demands of progress, has been established by the practice not only in Massachusetts, but in other States and countries.

The Gradual and Progressive Development

of such general plan would attain the three primary aims of an adequate system: first, the best treatment of the insane; second, the highest service to the community; and third, the maximum of true economy.

Expertness both in Business and Medical Science

would result, since differentiation into departments with practically independent environments would relieve intimacy of relation, and separate administrative from medical and scientific functions on a workable basis by clear definition of duties and accurate fixation of responsibility.

Prolonged Detention of the Insane

should be guarded by strict compliance with every technicality of the law; but *temporary* detention for a few days, to prevent recourse to jail and lockup during the necessary delay of legal procedure, should be governed by the principles of the quarantine.

The psychopathic hospital should have authority to receive mental patients for a few days without formality. In the application of these principles there is need of progressive and

Systematic Expenditure

to provide for the known and inevitable increase in accumulation of the insane in public institutions and prevent the deplorable evils of evererowding.

The Claims of the Metropolitan District

should take precedence of all others, because of its great deficiency in provision not only for the acute but also for the chronic classes.

The Boston Insane Hospital

should be immediately acquired by the State, and developed as the custodial and infirmary center of a large metropolitan institution. But, *whether or not* such acquisition be made, it is

The Paramount Duty of the State

to proceed at once to meet the reasonable demands of this great center of nearly one-half the State's population, by erecting, in this order:—

- (1) A psychopathic hospital for 120 beds in the city.
- (2) A voluntary and convalescent branch in the suburbs.
- (3) A custodial and infirmary center within a ten-cent trolley ride.
- (4) A farm colony within a twenty-five-cent trolley ride.

THE DISCUSSION.

These elements and aims of an adequate system of care and treatment of the insane require fuller discussion.

Accessibility of Patients

to their interested relatives and friends is desirable, except in the few instances where the association should be broken for specific reasons. It promotes frequency of visitation, which encourages the patients and serves to maintain and stimulate the interest of friends. The sympathy of the latter leads them to provide many comforts which would be forgotten without the reminder of their presence. They are more likely to contribute to support, and are prompter in assuming care of patients when they are ready to leave the hospital. The expense of travel and loss of time of working people are much less. Hence, the observance of this principle is not only humane and considerate of the public, but conduces to material saving of money.

Furthermore, the hospital should come into closer touch with the people, be more alive to their needs, more sympathetic and responsive in meeting them; while the public should gain fuller knowledge of the purposes, methods of treatment and good intentions of the institutions, as well as keener appreciation of the great difficulties of dealing with patients with disordered senses and delusive ideas, who in sincerity may express their experience of many false sensations and their relief in imaginary abuses, which may be within the range of possibility, but, in the main, are found upon examination to be unreal and nonexistent. A better understanding of each other by closer contact would dissipate erroneous impressions and distrust, and beget mutual confidence and esteem.

The Location of Institutions

according to this requirement would be convenient to populous centers, remote enough to avoid trespass on the rights of the community or restriction of the liberty of patients, but easy to reach by trolley or railway. Thus would be minimized the exhaustion of a long journey to the feeble patient, the disturbance in transporting the excited, the delay in emergency cases, and the present regrettable necessity of detention over night, over Sunday and holidays or longer, during the infrequent sittings of courts during vacation periods in some localities, in police stations, city prisons and other receptacles for criminals, where not only associations are objectionable, but adequate medical attention and nursing are not available nor reasonably to be expected. Conditions existing throughout the State necessitate such detention, pending the completion of legal formalities, in about one-third (28.7 per cent.) of all commitments to our insane hospitals.

A slight and wholly consistent broadening of their authority to receive patients for temporary care and observation in conjunction with accessibility of reception departments of State institutions would greatly relieve or entirely correct this situation, and facilitate the early and enlightened treatment of the insane during the most critical period of their illness.

The deterrent of moderate increase in cost of land purchases in such situations is insignificant in the face of such considerations, and the cumulative savings in visitation and delivery of supplies continuous throughout the existence of institutions which is likely to be perpetual.

Compliance with these principles requires division of the State into

Institution Districts,

and the retention within each of all classes of the insane, exclusive of the epileptic, the criminal, or any others whose peculiar needs and character indicate separation into independent groups, to which in each case like principles would be applicable according to their numbers.

It would not, *e.g.*, be wise to gather all the acute and curable insane from all parts of the State into one central hospital, inasmuch as the solicitude of friends is most acute and their visitation most frequent to such patients during this stage. The aggregation in one center of so many of the curable class would impose a task of great magnitude in their individual study and treatment, and endanger its successful performance.

On the other hand, concentration of the chronic insane in great asylums at a few distant points would be a violation of the principle of accessibility, and objectionable on other grounds. Distinction of the curable from the incurable insane is imperative, but as light emphasis should be laid upon incurability as may be possible in eliminating its unfavorable reaction on the curable. The classification of the incurable in separate wards, buildings or departments under one management by physicians conversant with their needs and peculiarities can be made with less effort and expense, greater wisdom, less friction and milder implication of hopelessness than by the State Board, whose transfer from the hospital, with which is associated the idea of cure, to the distant and independent asylum, reputed universally to be a receptacle for the chronic only, is construed by appreciative patients and their friends to be the positive and final decree of incurability. They are depressed and disheartened by it, resent and resist it, and never cease complaining.

The hopeful hospital spirit, moreover, is indispensable to an institution in elevating standards of care and treatment, and antagonizing the prevalent feeling that inferior methods are good enough for incurables. Deterioration below humane levels into traditional abuses is the menace of toleration of such discrimination.

Therefore, gradually, as the growth of the State and the increasing accumulation of the insane may demand, each existing institution should be completed by the erection of a small hospital for acute and curable patients, according to a general plan to be presented. Inflexible prohibition of

Interchange of Patients between Districts

should not be enforced. There are patients who have no friends. Friends too often lose their interest in the later stages of insanity. They may change their residence. Some patients are not benefited by their visits. The welfare of relatives may compel their removal to a distance. Patients may receive an impetus to improvement in a new environment. Delusions may be diverted for a time by breaking up habitual associations. Fresh scenes and interests may enhance contentment. Better adaptation of patients to caretakers and surroundings may relieve irritations.

Such considerations allow wide latitude in transfer between districts, to equalize disparities and promote economy of care of suitable classes in localities where land is cheap, large acreage obtainable and reasonable degree of freedom of patients permissible. Nevertheless,

Essential Independence

should be maintained in each district with as little outside interference in details of local administration of its institution as may be consistent with efficient supervision and co-ordination of mutual interests and relations. A definite and exclusive problem quickens the sense of responsibility for its solution, stimulates initiative and enterprise and preserves individuality. Wholesome rivalry between multiple similar and competing institutions tends to raise standards and increase efficiency. Some will excel in one department, some in another; all will fail somewhere. It is the duty of the State Board to discover these excellencies and deficiencies, to arrange such information in definite and comparative form and disseminate it among all the institutions, so that each may become conscious of its shortcomings and of the superiority of its competitors. Such method of supervision develops local competency, and is far more forceful in acquiring effective control than the exercise of arbitrary and absolute powers.

The Extent of Institution Districts

would vary with density and distribution of population. The sparsely settled district should not be too large. Public convenience could better be served by small institutions, located at a greater number of accessible points, united temporarily under one general management for the sake of highest business economy, but eventually developing into independent institutions with the increase of inhabitants and accumulation of the insane. On the other hand, in thickly settled sections redistricting from time to time by the State Board would be necessary, to equalize commitments and obviate excessive demands arising from fluctuations in population and other conditions.

The maximum extent of a district would be commensurate with the

maximum of the aggregate of subordinate units permissible under one general business management and the limit of extension of such individual units.

This is a matter of vital importance, and will elicit a wide diversity of opinion. All will agree, however, to the limitation of an institutional unit within the compass of the individual study and treatment of its patients and the attainment of its highest purposes, and to the limitation of the aggregate of such units within the capacity of a single executive head, to conserve efficiency and unity in business administration.

The Size of an Institutional Unit

should be determined by the character of its patients. Every district will furnish three main classes, whose respective needs are expressed in the colony, the custodial and the hospital ideas.

The Colony

should take from the closed asylum the harmless patients suitable for greater liberty, and capable, in variable degree, of industrial re-education. In its simple dwellings, arranged in small and separate groups, according to the conditions, occupation and character of training required, they would find the nearest approach to home, its comforts and freedom.

The chief aim of the colony should be the utilization of the enormous waste of physical energy latent in the host of idle demented in our institutions, unused because of their mental torpor, damaged brains and weakened powers of application, but capable of quickening, partial regeneration and re-development into useful activity. Although the labor of patients with initiative and of others easily induced to perform common duties is now quite generally and fully employed, the great task of re-education of the stupid demented is practically untouched so far as it demands special organization, painstaking training and persistency, comparable in a measure to the efforts and methods of industrial education of the feeble-minded, and promising as great return in production and happiness to patients.

The colony may have any convenient location as may be necessary to procure a large tract of wild land, rough and stony at the outset, diversified in quality, but fertile after reduction to tillage by the labor of patients. A central organization with a resourceful physician at the head should co-ordinate the numerous small, separate farmsteads and industrial groups, each complete in its home equipment and interests, and managed by a good farmer or mechanic, whose wife should be its house mother. These centers should be mutually independent, but responsible to the resident physician.

Some may fear that such an order would be expensive,—an outcome inevitable if it were applied to an unsuitable class of patients,

such as require strict oversight and much paid attendance. The prerequisites of success are absence of necessity of more than ordinary supervision, propriety of comparative freedom, capacity for self-help and probability of productive labor. It should also be borne in mind that the useful application of labor, especially to the current needs of the institution, should take precedence of any production for the outside market or mere occupation of colonists.

The colony idea is applicable to about 40 per cent. of the insane. Some 25 to 100 patients may be provided for in the cottages of variable size composing the individual groups. An indefinite number of such groups might be associated without detriment to the welfare of patients, but a limit would be set by the hospital requirement of the district, as will appear in later discussion.

The Custodial and Infirmary Center

of the district institution should take the dangerous, untrustworthy and infirm chronic patients. Its main purpose should be humane care, safe custody, palliative treatment, interest in the patient's personality rather than disease entity, and provision for the diversions and occupations which break the monotony of institutional life. There would be need of compact arrangement of buildings, suitable for the classification of patients manifesting every form of mental disorder, and medical equipment sufficient for their alleviation according to the best methods. Ordinary medical capacity and training, however, would be equal to the task, so that executive ability of physicians would be paramount in dealing with the economic problems arising from large numbers, probably not less than 50 per cent. of the insane.

The main buildings of existing institutions would correspond to such a custodial branch, whose inmates would be the residual after removal of the colony and hospital classes.

The Hospital

should receive all patients for first care, observation and examination, preliminary to suitable distribution to the custodial and infirmary branch and colony. It should have a reception house and other provision for classification and short treatment of all clinical types of acute and curable insanity. The distinctive characteristic of its residual patients would be probable curability. The hospital should be small, retaining not more than 10 per cent. of the insane of the whole district. It should be the center of the higher medical and scientific work, with an adequate staff of physicians and ample facilities for research into the nature and causes of insanity. The training school for nurses should here reach its fullest development. The whole régime should be elevated to the plane of the general hospital for acute physical diseases.

Every institution district should have its hospital, custodial center and colony, each as independent in its local administration as may be, under the direction of a general medical superintendent, who should be the sole executive officer of the district board of trustees. In like manner all boards of trustees, institutions and districts should be under the supervision of the State Board of Insanity, as they are at present. On such a plan

The Maximum of the Insane in Any District

need not be less than 2,000, and, if special circumstances should require, might be even more.

The Location of the Hospital

should preferably be convenient to the custodial center, but far enough away to avoid unfavorable influence of the incurable. Transfers between them would be frequent and urgent, and should be made with as little formality as removals from one ward to another. Under exceptional conditions the distance apart might be lengthened to several miles, to suit the convenience of committing magistrates and physicians and facilitate the early care and observation of mental cases in large cities.

Moreover, it might be advisable in large, rural districts to have the hospital, custodial center, colony or a branch of either near each main center of population, to serve the general public, and allow the reception of newly committed patients for temporary care, to prevent recourse to the police station pending completion of commitment.

The Gradual and Progressive Development

of inherent possibilities of such a general scheme would ensure attainment of the two primary aims of an adequate system: first, the best method of treatment of the insane; and second, the highest degree of service to the community.

But the taxpayer has the right to inquire, the insight to detect and the power to enforce compliance with his decision, whether there are also present

The Elements of Greatest Economy

in securing these ends. It is apparent at a glance that a radical departure would be taken from the traditional type of provision for the insane, — within continuous walls beneath the single roof of one immense structure of brick or stone, with barred windows and locked doors, connected in every part by communicating corridors and wards rising three and four tiers high, and bringing physician, officer, attendant and patient into the closest contact, not only during hours of duty, but also in living and social relations; a great community, in fact, cramped up in such narrow quarters, possessing all ordinary requirements of living,

and, in addition, harassed by the complexities and incompatibilities of deranged minds.

Such compactness is attractive as

A Mere Business Proposition,

where just so many like operations are to be repeated in exactly the same manner and order with maximum rapidity, to turn out the very largest product in the minimum of time at the least cost, without human equation, intimacy of living relations, adverse reaction of antagonistic factors nor unconscious tendencies to depreciation of standards.

But it would appear that the administration of a public charity is so fundamentally different from the conduct of ordinary business as to justify opposite conclusions as to real and ultimate economy of methods.

Moreover, success in business demands maintenance of quality, progressive improvement of methods and appliances, and greater expenditure proportionate to such requirements; so also

A Public Charity

must fulfil its primary purposes even at large and increasing expense, provided they are justified and attained at the least cost for the right standard.

On these grounds alone there would be warrant for splitting up the unity of the original massive type of institution along main lines of cleavage into hospital, custodial center, colony and subdivisions for better classification and greater convenience of location, as outlined above. But the general tendency, even if not the exact form, has received

Worldwide Recognition and Expression

during more than the quarter-century just past; first in the Altz Scherbitz Colony, near Leipsig, Germany, in 1876; later in this country, notably at Kankakee, Ill., Toledo, O., and in Massachusetts in the cottage plan of Medfield Asylum, opened in 1896. Subsequent expansion in this direction has been rapid, progressive and universal in this State, particularly in the colonies at Templeton, Gardner and North Grafton, and the colony extensions of the Westborough, Taunton and Danvers hospitals. Therefore its adaptation to the

Better Classification and Wider Separation of Classes

of the insane and its necessity to meet the general demand for progress may be regarded as established by the practice not only in this State but in other States and countries.

Furthermore, the Board believes there are

Compensations in the Resultant Simplification

of the complex and intricate machinery of the old concentrated type of institution, whose fine adjustment is essential to economy of operation, and consumes, with ceaseless and wearing exaction of higher officers, the rarest and most expensive form of energy, in the more or less ineffectual effort to eliminate friction of intimately related parts and harmonize variant purposes working out in too close association, involving compromise all along the line, with mediocrity of attainment and partial defeat at the best. Simplicity would effect a saving here, which would go a long way toward furnishing the means of doing more direct work.

The single massive building with its guarded exits should be fire-proof, and necessarily the most expensive construction.

It provides for all classes alike; whereas, on the colony plan, about 40 per cent. of inmates may be withdrawn into the far cheaper, one-story wooden cottages without guarded windows, or two-story concrete houses.

Such Reduction in Average Cost of Provision

is important. But some will argue that the greater charges for repairs and renewals will fully offset it. The fallacy of this opinion is conclusively shown in the history of the older institutions. Their durable masonry is never worn out, but continually torn down and replaced by equally costly construction, to meet the ever-changing requirements of new methods, usually with decrease in capacity for patients; whereas on the cottage or colony plan each house serves the original purpose to the end, and new houses add to capacity for patients in filling new demands of progress.

Finally, the long, dark corridors of great asylum wards, hard to ventilate because of intervening bedrooms shutting off outside walls and windows, and little used by patients, although passage of heated air through them may be as rapid as in bays and alcoves where the patients gather almost exclusively, are only partially available for living space; whereas in separate cottages, with light and air on all sides and natural ventilation through many windows, every square foot of floor area may be fully utilized. The relative increase in available capacity for patients on the cottage plan exceeds 25 per cent. in this State.

The hospital for the acute and curable is necessarily

The Most Expensive Part of an Institution.

A large staff of physicians and nurses is necessary for the adequate examination, clinical study and treatment of the acutely ill. Extra stenographers are required, to record histories, descriptions of mental symptoms and physical conditions, peculiarities of manner and con-

duct and details of treatment. It must have laboratory workers and costly equipment for scientific investigations, to be on equal footing with other departments of medicine in research into the nature, causes and results of mental disease and improvement of methods of treatment. In the present intimate relationship such expensive régime tends to spread out into the wards of the chronic, increasing unnecessarily the cost of their care.

The division line, however, should not be drawn too sharply. Chronic patients do recover, sometimes after long years of custodial residence. Many are appreciative and sensitive to their surroundings. The reaction of the hospital upon the near-by custodial center is desirable within reasonable bounds; yet the recognition of essential differences of classes in the hospital, custodial center and colony affords the most appropriate conditions for each, and contributes to economy of administration.

Furthermore, the organization, which was adequate to the good management of the original small institution, has been gradually outgrown in the great and growing establishments for the rapidly accumulating insane, and fails to satisfy the universal and imperative demand for

Expertness both in Business and Medical Science.

The parting of the ways seems to have been reached where the path of the administrator of institutional affairs diverges from that of the advanced student of medical science. There is need of separating as completely as may be administrative from medical functions.

The qualities of the executive and of the scientist in any high degree rarely coexist in the same person, and if so existing, seldom pass the limits of mediocrity in symmetrical development, while either may be dwarfed by exclusive opportunity of the other.

The idealist would solve the problem through the lay business manager in control of administration and the scientist of medical treatment and research; but

The Experience of Many Failures

teaches that the inter-relations and mutual dependence of the two are so close, and so great the incapacity of the layman to comprehend medical and scientific wants, that such dual arrangement is fruitful of strife, wasteful of energy and almost barren of good results.

The Causes of Failure

would be eliminated largely in the scheme outlined in this report.

Intimacy of relation would be relieved by separation of classes in the practically independent hospital, custodial center and colony, each having in charge its resident physician possessed of the special qualifications necessary to highest efficiency and quality of service.

Duties could be so clearly defined and responsibility so accurately determined that

A General Medical Superintendent

might harmoniously co-ordinate their inter-relations, direct the larger business operations of all, and supervise the interests of the insane of an institutional district under the direction of a single board of trustees.

Such general medical superintendent should be primarily an executive of the highest business capacity. He should also be a thoroughly trained physician, broad in his conception of medical and scientific requirements, and appreciative of the value of the teachings of the laboratory and research activities. Such an expert in business management the present superintendent inevitably becomes, under the compulsion of current tendencies to absorption in business details and subordination of medical and scientific needs. But

The Primary Purpose of an Institution

may be thus defeated. Excellence in business management is the foundation, and its savings sure resources for elevating standards of care; but fullest knowledge of insanity is indispensable to discovery of the best methods of treatment which offer the best chance of cure. Hence medical and scientific attainment should be encouraged to the utmost. The need has long been recognized. Pathological examinations had been made quite generally in the hospitals, usually by non-resident pathologists, but in 1896 the State hospitals began to appoint

Special Assistant Physicians,

who resided at the institution and devoted their whole attention, undiverted by executive duties, to investigations in the laboratory and clinical observation of patients on the wards. Their quarters were small at first, usually in the basement; but extension has been rapid and progressive, until four of the five State hospitals now have large, well-equipped laboratories, and two have erected special buildings with commodious space for their exclusive use. The scope of activities of these men has steadily broadened. They have contributed much to the better understanding of mental diseases; have met the other physicians in daily staff meetings for the discussion of their cases, and have stimulated their interest in medical matters and the study of their patients. But

Their Advancement has been impeded

in two directions. It has not been possible, with the close connection of all parts of large institutions, to give them control of their wards, so that they might directly apply the teachings of the laboratory and the suggestions of their clinical observation to the treatment of pa-

tients. Moreover, the opportunities for development and pecuniary inducements to long service have not been sufficient to attract and hold as many first-class men as would be desirable. In the small hospital for acute and curable patients, where administrative demands would be reduced to a minimum, the medical director and investigator should dominate in all arrangements for medical treatment, nursing and research. Here he should find the scope, independence and opportunity for advancement which are necessarily lacking under present conditions.

Every institution should have such

A Psychopathic Hospital.

In a large city it should be located near the general hospital and medical school, in order that disease of the brain may be associated with affections of other organs, its physicians stimulated by contact with investigators and teachers in other fields, and its facilities for investigation and abundance of clinical and pathological material supplement and complete the assemblage of general laboratories and clinics. Each hospital should have the right of initiative in any line of research in which its medical director may be interested or specially fitted to pursue; but all should be united in systematic effort under the natural leadership of some one with superior capacity, attainment and advantage of environment. The medical director of such pre-eminence should

Supervise the Medical and Scientific Work

of all the hospitals of the Commonwealth, under the direction of the State Board. Physicians, scientists and students of the first order would be attracted to these research centers. They would be trained for the future teachers in mental diseases and physicians in the service of the institutions. In the wards of these hospitals, convenient of access from the general hospital, students of general medicine would become as familiar with mental symptoms as they now are with manifestations of physical disease. They would go into practice in the community able to recognize and interpret the early indications of derangement of the mind at the time when they alone may foresee its possibilities, and perhaps

Forestall its Development into Confirmed Insanity

by preventive counsel and curative measures. Such exclusive opportunity is now lost as a rule because of lack of such knowledge and training, and because the scanty means of the poor do not allow home treatment and the general hospital for other acute affections shuts its door in the face of the mental patient. Hence there is imperative need of public provision for the

Treatment of Incipient Mental Disease,

especially while the patient and his friends are unconscious of its presence or shrink from the idea of insanity. The present lack precludes preventive treatment and lessens chances of cure. Mental patients, appreciative of their condition and competent to determine the necessity of treatment, do not require the legal restraint of an insane hospital during the voluntary period, while they are willing or may be tactfully persuaded to co-operate with physicians and nurses. The stigma of insanity, with its social and industrial handicap, should not be forcibly and unnecessarily added to the burdens of such unfortunates. These requirements would best be met by opening

Psychopathic Wards in General Hospitals.

But general hospital managers complain that other calls upon their beneficence, which seem to them more pressing and pertinent to such service, overcrowd their wards and far exceed their resources. They are obdurate in their refusal. Eventually they will yield when the public shall realize the hardship, injustice and economic loss entailed by their action, and when the physician, awakened to full sense of responsibility, shall insist upon public facilities to enable him to discharge his duty to the helpless poor who are chief sufferers from such neglect.

Meantime, something must be done. The want may be satisfied in part and a *permanent* need supplied in the system of care of the insane, by erecting in each institution district, under the management of its board of trustees and general medical superintendent, a

Branch for Voluntary and Convalescent Patients,

remote enough from other departments to escape unfavorable reaction from their inmates, but convenient for administration. Patients should be received directly from home at their own request without formality. Their suitability should be ascertained by examination of the resident physician. The voluntary relation should be maintained throughout treatment. If forcible detention should become necessary, the patient should be removed by court commitment to the hospital. Convalescents should be received from the hospital preparatory to return home. Certain neurological patients with incidental mental symptoms might be received, to prevent subsequent dependence upon the State's charity in institutions. There should be a resident staff of physicians and nurses and full equipment for hydrotherapy, massage, electrical treatment, physical training and other means of alleviating mental and nervous conditions. There should be pleasant grounds and walks for recreation and exercise in the open air.

Such Provision would not be Expensive

in construction or management. It would not add to necessary burdens, but tend to lighten them by preventing and ameliorating terminal and chronic conditions which would otherwise supervene with greater frequency and severity. Patients would come under treatment during the incipient and most curable stages of disease. Some attacks would be prevented, shortened or mitigated in intensity.

Commitments as Insane would be diminished.

In the opinion of committing physicians throughout the State, 21.5 per cent. of their patients who are sent to insane hospitals might be treated under the voluntary relation in general hospitals. It is probable that some 500 insane commitments might be avoided every year in this Commonwealth if adequate provision of this character were available. The expense would be saved, the stigma of insanity escaped, and the right attitude of physician to patient preserved. Furthermore, every hospital, especially in the cities, should be a

Center of Instruction and Counsel

in mental hygiene, prevention of insanity and after care of discharged patients. The poor of the district should be encouraged to seek its advice, and granted free consultation while they may properly remain at home.

An Out-patient Service

similar to that of the general hospital should be maintained. There should be co-operation with local charitable agencies in ascertaining home conditions and in the endeavor to better or change the unsuitable. Thus incipient mental disease would be brought to notice, dangerous tendencies discovered in time to erect safeguards against violence, and public confidence won. In conclusion, a serious

Obstacle to Enlightened Treatment of the Insane

lies in popular and judicial insistence upon legal formalities to protect personal liberty, at the risk of the life and mental integrity of the patient. The propriety and necessity of such precaution may be conceded in a small minority of cases where there is doubt of insanity, question of the need of care and absence of menace to the public and patient's welfare. In *prolonged* detention due authority of law in each instance should be procured with exact compliance with every technicality of legal requirement; but in *short detention* for a few days for temporary care, to prevent recourse to jail and lockup during the necessary delay of judicial procedure, the dictates of humanity, the safety of the public and sound reason demand the application of the

Principles of the Quarantine,

which have been enforced for a century without violating constitutional rights of the individual, whenever protection of the general public has necessitated isolation of infectious disease. The universal practice in the home, the general hospital and charitable institutions, of temporarily restraining the patient delirious from physical disease, creates the precedent for guarding the sovereign citizen against himself in obvious need.

Therefore the Board urgently recommends such legislation: —

(1) As will permit the superintendent of a public insane hospital or of the McLean Hospital to receive for temporary care not exceeding five days such mental patient as may, in his opinion, require reception for his own welfare or the safety of the public, at the written request of a responsible person acting under medical advice.

(2) As will authorize committal to a public insane hospital or the McLean Hospital, for such time and under such limitations as the court may order, of any person who is found by two physicians, qualified to make a certificate of insanity under the provisions of section 35, chapter 87, Revised Laws, to be in such mental condition that his commitment to such hospital is necessary for his proper care and observation pending the determination of his insanity.

(3) As will extend the provisions of section 52, chapter 87, Revised Laws, to any insane person in emergency, and render the physicians' certificate therein provided for valid in the subsequent full commitment.

Gradual Development

along these lines, modified as experience and unremitting study may suggest, would eventually, in the opinion of the Board, furnish the best provision for the care and treatment of the insane in situations convenient to their interested relatives and friends, facilitate the first care and observation of mental cases, promote the early treatment of mental disease, contribute to the knowledge of insanity and advance the standard of treatment of the acute and curable insane. It would not involve unnecessary expense, but

Systematic Expenditure

proportionate to the needs of a growing State and increase in accumulation of the insane in public institutions. History demonstrates the inevitable and universal growth of demand for such accommodation. In the last twenty-five years the insane under public care in Massachusetts have more than trebled (increase 321 per cent.). An equal ratio of accumulation has obtained in other States and countries.

The Average Annual Increment of the Insane

in this Commonwealth has been 289 the last twenty-five years, 323 the last twenty years, 362 the last fifteen years and 359 the last ten years. In addition, the imperative demands of labor in shortening hours has steadily enlarged the outlay for space required by nurses and employees. The last nine years the annual appropriations for new buildings and improvement of institution plants for the insane, feeble-minded and epileptic have averaged more than a half million dollars (\$512,612).

Fortunate, indeed, would it be if the State should recognize this as an annual fixed charge, and pursue a

Definite and Continuous Policy,

according to a progressive plan of most economical construction.

Dilatory and spasmodic action saves nothing in the end, nay, wastes much in hasty planning of buildings unsuited to their purposes and in consequence costly of renovation. Hurried construction does not permit that careful supervision which prevents inferior workmanship and use of poor materials.

But the effect upon administration is more disastrous. It crowds wards, reduces comforts of patients, begets violence, compels use of mechanical restraint, fills corridors with floor beds whose daily storage in bedrooms damages property, mixes bedding, creates unsanitary conditions and spreads contagion when infection invades an institution, as it may at any time. More nurses are required, treatment hampered and public criticism provoked for causes which cannot be condoned, but are beyond control of the management.

The Institutions are now full.

There is immediate call to grant appropriations to forestall overcrowding, which will otherwise supervene. In carrying out the progressive plan advocated in this report

The Hospital Stage has been reached.

As soon as may be, a small psychopathic hospital for the acute and curable and a house for voluntary and convalescent patients should be erected in connection with each State hospital, according to suggestions previously made.

The District radiating out from Boston

is not only deficient in this respect, but far below the average of all other districts in accommodation for the chronic classes. It is, therefore, entitled to precedence in both directions. In the division of the

State into institution districts the Boston district would not, probably, exactly correspond to the present metropolitan district, but for convenience in obtaining statistical data the latter may be taken as the unit of discussion.

The Metropolitan District

has a population of some 1,200,000,—40 per cent. of the inhabitants of the State. It furnishes yearly 1,300 commitments,—46 per cent. of all. The whole number of insane under public care is 10,500. Hence, some 4,800 belong to this district. Its only provision is the Boston Insane Hospital, which furnishes 750 beds,—less than 15 per cent. of the insane resident in the metropolitan district. Under present arrangements, 350 of its insane are committed yearly to the Boston Insane Hospital and nearly three times as many either to Taunton, thirty-five miles distant; Westborough, thirty-five miles; Danvers, twenty-two miles; or Worcester, forty-five miles. Needless hardship would seem to be imposed upon patients and their friends. Such neglect has resulted from

The Ineffectual Attempt of the City of Boston

to care for its own insane. As early as 1839 it erected the second public hospital for the insane in the State, and at the inauguration of State care and support of the dependent insane in 1904, it alone, at its own request, remained outside the provisions of the State care act, so far as its citizens have *legal settlements* in the city, less than one-half of the *residents* within its limits. Hence, at the most, less than one-half the problem relates to the city at the present time, and, if

The State's Duty

to the rest of the metropolitan district be discharged, at least three-fourths of the whole problem now depends upon the Commonwealth for solution. While the city insisted upon exemption from State care, there may have been some excuse for the State's inaction; but now, when it seeks admission, the

Claims of the Metropolitan District

assume paramount importance and press for immediate attention.

A metropolitan institution for at least 2,000 patients should be established, according to the general scheme outlined.

Its Psychopathic Hospital

should be located in the city, convenient to committing magistrates and physicians and in association with the general hospitals and medical schools. Its original capacity should be about 120 beds, 60 for each sex, on a plan admitting of extension according to demand. It should

receive all mental cases, *exclusive of alcoholics*, for first care and observation, preliminary to distribution to appropriate institutions. It should afford short treatment of a few weeks' to several months' duration to patients who may recover without transfer to other departments or institutions. It should be a center of scientific investigation into the nature, causes and treatment of insanity and of clinical instruction, in conformity to ideas previously expressed.

There would be voluntary patients who should not come into such associations. Patients recovering from acute insanity need to pass out of an insane environment during the period of convalescence. Hence

A Voluntary and Convalescent Branch

should be maintained, at a convenient distance from the reception hospital, to avoid these unfavorable influences and secure greater seclusion in pleasant grounds for open-air recreation. A fuller description of its essentials will be found in the preceding pages.

Chronic patients should be transferred as soon as may be from the psychopathic hospital to the custodial and infirmary center or colony of the metropolitan institution, if they have interested relatives and friends in Boston or its vicinity; otherwise, to existing asylums.

The Custodial and Infirmary Center

of the metropolitan institution should be within a ten-cent trolley ride of the State House, and in conjunction with the colony should provide for all the chronic insane whose friends desire their care within easy reach.

Its Colony

should be within a twenty-five-cent trolley ride of the State House, located where it would be possible to procure farming land sufficient for production of milk, vegetables and other supplies for the table, and furnish out-door occupation for patients.

The psychopathic hospital, voluntary, custodial and colony branches should be under one board of trustees and supervision of a general medical superintendent, who should have competent medical assistants in immediate charge of each.

The Pressure of Public Need

of such an institution would be irresistible if the importunities of patients and friends against removal to distant asylums could be heard by legislators, as they are by trustees of Boston Insane Hospital and the State Board in appeals from adverse decisions.

It is not less discreditable to the Commonwealth than to the city that one-third of Boston's insane are lodged temporarily in the city

prison and house of detention, because State insane hospitals are so far away as to prohibit their prompt reception. The insane are now wards of the State. The city has the right, under present exemption from State care, to serve less than one-half of its citizens and only one-quarter of the residents of the metropolitan district. It is therefore, the paramount duty of the Commonwealth to take the initiative in this matter, *whether Boston's insane be received into State care or not.*

The Board earnestly recommends their admission and the acquisition by the State of the Boston Insane Hospital because:—

(1) It would promote humane care and early observation of mental patients of the metropolitan district, and best serve public convenience.

(2) It is just, inasmuch as Boston has insufficient accommodation for its own insane, but pays its full share of the cost of institutions for the insane of all other municipalities, and, in addition, bears the whole expense of provision for part of its own insane.

(3) It would eliminate the necessity of distinguishing between the rights and duties of the State and the city, and simplify a difficult situation by fixing responsibility upon one agency for dealing adequately with the whole problem.

(4) It would be economical, by saving a considerable item of expense in determining Boston settlements and concentrating management of the whole undertaking under one head. It would avoid enormous indirect expense in travel and loss of time of working people.

(5) The site of the Boston Insane Hospital is well adapted to the development of the custodial and infirmary branch of a large metropolitan institution, and its present buildings could be utilized. The property should be taken by

Eminent Domain,

and its value determined by the court. Representatives of the city state that approximately one and a half million dollars have been invested in the present plant; but this sum is no reliable index of its worth to the State.

The financial end of the proposition involves:—

(1) Increase of the *State* debt by the amount of the court award.

(2) Increase of the *State* tax to meet the annual sinking fund charge and excess of maintenance expenses over the sum now paid by the State to the city in reimbursement at \$3.25 a week for board of patients in the Boston Insane Hospital. The approximate

Increase of the State Tax

may be computed thus:—

Annual sinking fund charge (estimated at 3½ per cent. on \$1,000,000),		\$35,000
Maintenance expenses of Boston Insane Hospital, 1907,	\$170,685	
Receipts from private patients,	\$21,271	
Receipts from reimbursements,	2,195	
Receipts from sales and other sources,	275	
	<hr/>	23,741
Net maintenance expenses,	\$146,944	
Paid by the State in 1907,	108,403	
Increase on account of maintenance,	<hr/>	38,541
Approximate increase of State tax,		\$73,541

The property of the Boston Insane Hospital should be acquired immediately by the State, and developed as the custodial and infirmary branch of a large institution for the insane in the metropolitan district.

But, *whether it be acquired or not*, the Board recommends establishing at once such an institution, and constructing its branches in the following order:—

- (1) A psychopathic hospital for 120 beds near the center of the city.
- (2) A voluntary and convalescent branch within a ten-cent trolley ride.
- (3) A custodial and infirmary branch within a ten-cent trolley ride.
- (4) A farm colony within a twenty-five-cent trolley ride.

RECOMMENDATIONS.

In conclusion, the Board recommends legislation:—

(1) Authorizing selection and bonding of suitable sites for a psychopathic hospital and a voluntary and convalescent branch thereof, the preparation of preliminary plans and general specifications therefor, and the expenditure of a sum not exceeding \$10,000 for these purposes.

(2) Repealing the exemption of Boston's insane from the provisions of the State care act, and acquiring by eminent domain the property of the Boston Insane Hospital, and appropriating money for its maintenance.

(3) Permitting the superintendent of a public insane hospital or of the McLean Hospital to receive for temporary care not exceeding five days such mental patient as may, in his opinion, require reception for his own welfare or the safety of the public, at the written request of a responsible person acting under medical advice.

(4) Authorizing committal to a public insane hospital or to the

McLean Hospital, for such time and under such limitations as the court may order, any person who is found by two physicians, qualified to make a certificate of insanity under the provisions of section 35, chapter 87, Revised Laws, to be in such mental condition that his commitment to such hospital is necessary for his proper care and observation pending the determination of his insanity.

(5) Extending the provisions of section 52, chapter 87, Revised Laws, to any insane person in emergency, and rendering the physicians' certificate therein provided for valid in the subsequent full commitment.

Respectfully submitted,

GEORGE F. JELLY,

MICHAEL J. O'MEARA,

HENRY P. FIELD,

WILLIAM F. WHITTEMORE,

HERBERT B. HOWARD,

State Board of Insanity.

The personnel of the Board remains unchanged. Dr. George F. Jelly felt compelled, for personal reasons, and much to the regret of all his associates, to resign the chairmanship, which he had held so acceptably since the formation of the Board in 1898, and was succeeded by Dr. Herbert B. Howard. The Board's appreciation of the invaluable services of Dr. Jelly is expressed in the following resolution, which is spread upon its records:—

Whereas, Dr. George Frederick Jelly has felt compelled to resign the chairmanship of this Board, which position he has held with great credit to himself and to the entire satisfaction of his fellow members since the formation of the Board, we desire to express our great regret at his resignation, our high appreciation of his faithful and invaluable service to the Board, to the institutions under its supervision and to the Commonwealth, and our pleasure and satisfaction that while he resigns the chairmanship he can remain a member of the Board, and that the Commonwealth will continue to have the benefit of his thorough and accurate knowledge and his long and varied experience.

Those interested in the various charitable and benevolent institutions of the State, especially those having to do with the care of the insane and feeble-minded, well know how great a debt of gratitude the Commonwealth owes to Dr. Jelly.

As a slight recognition of his long and faithful service as chairman, his associates of the Board desire and order that this memorandum be spread upon the records and a copy thereof sent to Dr. Jelly.

Dr. Winfred H. Lane resigned the medical directorship of family care of the harmless insane to enter private practice, and was succeeded by Dr. William T. Hanson, second-assistant physician at the Worcester Asylum for the last two years, and previously on the staff of the Taunton Hospital for two years.

Twenty-eight Board meetings were held during the hospital year.

Twenty conferences with the trustees and superintendents of the different institutions were arranged, to promote harmonious action with relation to appropriations, construction and general policy.

Twenty-four visits of inspection to institutions were made by the Board, in addition to 231 by the executive officer, the deputy executive officer and the financial agent of the Board.

Careful attention has been paid to all complaints as to commitment, discharge or treatment of patients, whether originating with the latter or otherwise. Thirty-eight special investigations were made in regard to these and kindred matters relating to patients in institutions.

A license to maintain a hospital for the care and treatment of insane persons was granted by the Governor and Council, on the recommendation of the Board, to Edward B. Lane of Wellesley.

In compliance with section 7, chapter 87 of the Revised Laws,

PLANS AND SPECIFICATIONS

have been examined and approved by the Board as follows:—

Worcester Hospital.— Addition to main building (chapter 146, Resolves of 1908) approved Jan. 15, 1908; modifications approved Oct. 14, 1908.

Westborough Hospital.— Building for married employees (chapter 116, Resolves of 1908) approved July 8, 1908.

Cottage for farm superintendent (chapter 116, Resolves of 1908) approved July 8, 1908.

Worcester Asylum.— Building for patients (chapter 146, Resolves of 1908) approved Jan. 15, 1908.

Medfield Asylum.— Remodeling the heating plant (chapter 130, Resolves of 1908) approved Aug. 1, 1908.

Hospital for Epileptics. — Building for male employees (chapter 128, Resolves of 1908) approved July 8, 1908.

Completing rooms on ground floor of women's south building (chapter 128, Resolves of 1908) approved July 8, 1908.

Massachusetts School for the Feeble-minded. — Addition to manual training building (chapter 89, Resolves of 1907) approved Nov. 13, 1907.

Addition to hospital group (chapter 89, Resolves of 1907) approved Nov. 13, 1907.

Addition to laundry (chapter 89, Resolves of 1907) approved Nov. 13, 1907.

Iron stairways for boys' dormitory (chapter 89, Resolves of 1907) approved Nov. 13, 1907.

Addition to farm building (chapter 89, Resolves of 1907) approved Nov. 13, 1907.

Building for male employees (chapter 500, Acts of 1906, and chapter 89, Resolves of 1907) approved Nov. 13, 1907.

Two buildings for patients (chapter 500, Acts of 1906) approved June 10, 1908.

Electric lights for the farm group of buildings at Waltham (chapter 89, Resolves of 1907) approved June 10, 1908.

Wrentham School. — Two dormitories (chapter 653, Acts of 1908) approved Jan. 8, 1908; modifications approved July 8, 1908.

Service building (chapter 653, Acts of 1908) approved Jan. 8, 1908; modifications approved July 8, 1908.

Power and heating plant and mechanics' building (chapter 653, Acts of 1908) approved Jan. 8, 1908, and Aug. 1, 1908; modifications approved Oct. 14, 1908.

House for employees (chapter 653, Acts of 1908) approved Jan. 8, 1908.

Financial Statement of the Board for the Fiscal Year ending Nov. 30, 1908.

	DEBITS.						Totals.
	Balance brought forward by State Auditor Nov. 30, 1907.	Appropriations.	CASH RECEIPTS.				
			Boston Insane Hospital.	Family Care.	State Institutions.	Re-funds.		Advance Payments for Support.
Travelling and office expenses,	-	\$6,500 00	-	-	-	-	\$6,500 00
Salaries of officers and employees,	-	26,900 00	-	-	-	\$7 00	26,907 00
Transportation and medical examination,	-	11,500 00	-	-	-	50 58	11,550 58
Support of insane boarded out in families,	-	38,000 00	-	-	-	-	38,000 00
Support of insane in Boston Insane Hospital,	\$23,175 75	113,000 00	-	-	-	-	136,175 75
Support of State paupers in Hospital Cottages for Children.	833 35	3,500 00	-	-	-	-	4,333 85
Reimbursement of small towns,	-	1,500 00	-	-	-	-	1,500 00
Construction and improvement of buildings (Acts of 1907, chapter 520, sections 2 and 5).	-	102 50	-	-	-	-	102 50
Plans and location of a hospital, as provided for in chapter 626, Acts of 1908.	-	10,000 00	-	-	-	-	10,000 00
Cash received in reimbursement for support of patients,	-	-	\$2,879 33	\$1,549 04	\$13,653 62	\$140 50	18,222 49
	\$24,009 60	\$211,002 50	\$2,879 33	\$1,549 04	\$13,653 62	\$57 58	\$253,292 17

Financial Statement of the Board for the Fiscal Year ending Nov. 30, 1908 — Concluded.

	CREDITS.						Totals.
	Expenditures from Appropriations.	Unpaid Bills.	Net Balance.	Paid to State Treasurer.	Paid to State Institutions.	Advance Payments for Support.	
Travelling and office expenses,	\$6,386 96	-	\$113 04	-	-	-	\$6,500 00
Salaries of officers and employees,	26,787 35	-	119 65	-	-	-	26,907 00
Transportation and medical examination,	7,772 92	\$3,500 00 ¹	277 66	-	-	-	11,550 58
Support of insane boarded out in families,	33,377 51	-	4,622 49	-	-	-	38,000 00
Support of insane in Boston Insane Hospital,	112,558 65	31,353 22	7,736 12 ²	-	-	-	136,175 75
Support of State paupers in Hospital Cottages for Children,	4,280 07	-	53 78	-	-	-	4,333 85
Reimbursement of small towns,	1,213 96	804 82	518 78 ²	-	-	-	1,500 00
Construction and improvement of buildings (Acts of 1907, chapter 520, sections 2 and 5),	102 50	-	-	-	-	-	102 50
Plans and location of a hospital, as provided for in chapter 626, Acts of 1908,	-	-	10,000 00	-	-	-	10,000 00
Cash received in reimbursement for support of patients,	-	-	-	\$7,858 68	\$10,223 31	\$140 50	18,232 49
	\$192,479 92	\$35,658 04	\$6,931 72	\$7,858 68	\$10,223 31	\$140 50	\$253,292 17

¹ Estimated.

² Deficiency.

ITEMIZED STATEMENT OF EXPENDITURES.

Travelling and office expenses:—

Travelling expenses:—

Members of the Board, . . .	\$478 12
Owen Copp, . . .	\$105 44
Lowell F. Wentworth, . . .	287 87
Winfred H. Lane, . . .	124 68
William T. Hanson, . . .	139 99
Francis B. Gardner, . . .	148 25
Elmer R. Libby, . . .	312 09
Benjamin F. Ward, . . .	358 80
Fernald Hutchins, . . .	412 22
Paul A. Green, . . .	83 41
Mabel G. Gragg, . . .	257 29
Lois B. Brewster, . . .	204 70
	<hr/> 2,434 74

Office expenses:—

\$2,912 86

Express, . . .	\$32 39
Postage, . . .	462 13
Printing and binding, . . .	710 23
Printing and binding annual report, . . .	1,031 68
Publications, . . .	233 70
Stationery and office supplies, . . .	710 05
Telephone and telegrams, . . .	155 78
Miscellaneous, . . .	138 14
	<hr/> 3,474 10

\$6,386 96

Salaries of officers and employees:—

General office:—

Owen Copp, M.D., secretary and executive officer, . . .	\$5,000 00
Lowell F. Wentworth, M.D., deputy executive officer, . . .	3,000 00
Sarah Chapman, first clerk, . . .	1,100 00
Nellie F. Ball, second clerk, . . .	800 00
Eda W. Fitch, clerk, . . .	600 00
Bessie M. Field, stenographer, . . .	650 00
Althea L. Barrington, temporary clerk, . . .	241 94
Fred A. Hewey, transportation officer, . . .	1,200 00
Ella Heal, transportation officer, . . .	800 00

Financial department:—

Elmer R. Libby, financial agent, . . .	2,000 00
Rebecca J. Greene, accountant, . . .	800 00
Edith A. Stevens, clerk, . . .	700 00

Amount carried forward, . . .

\$6,386 96

Amount brought forward, . . . \$6,386 96

Support department:—

Francis B. Gardner, support agent,	\$2,000 00
Benjamin F. Ward, visitor,	1,400 00
Fernald Hutchins, visitor,	1,100 00
Paul A. Green, clerk,	800 00
Maude F. Freethy, stenographer,	702 23

Family care:—

Winfred H. Lane, M.D., medical director (6 months),	1,000 00
William T. Hanson, M.D., medical director (5 months),	827 95
Mabel G. Gragg, visitor,	800 00
Lois B. Brewster, visitor,	565 23
Clara L. Fitch, stenographer,	700 00
	<hr/>
	26,787 35

Transportation and medical examination:—

Travelling expenses, officers:—

Fred A. Hewey,	\$786 28
Ella Heal,	441 95
Mabel G. Gragg,	257 09
Lois B. Brewster,	167 05
	<hr/>
	\$1,652 37

Travelling expenses, patients,	4,546 91
Assistance,	1,484 32
Express,	31 20
Telephone and telegrams,	15 99
Medical examination,	8 40
Miscellaneous,	33 73
	<hr/>
	7,772 92

Support of insane boarded out in families:—

Board,	\$33,077 41
Clothing,	71 26
Medical attendance and medicine,	185 59
Special nursing,	10 00
Burial expenses,	30 00
Miscellaneous,	3 25
	<hr/>
	33,377 51

Other expenditures under control of the Board:—

Support of insane persons in the Boston Insane Hospital,	112,558 65
Support of State paupers in the Hospital Cottages for Children,	4,280 07
Reimbursement of small towns,	1,213 96
Construction and improvement of buildings,	102 50
	<hr/>
Total expenditures,	\$192,479 92

FINANCIAL DEPARTMENT.

During the fiscal year ending Nov. 30, 1908, monthly comparative price bulletins on butter, beans, crackers, cereals, eggs, flour, fish, beef, pork, veal, mutton, poultry, molasses, syrup, sugar, coffee, tea, lard, potatoes, yeast, alcohol, lubricating oils and some drugs have been issued to the institutions.

A table was prepared, giving the total quantity and cost of each article of food purchased by the institutions in the preceding fiscal year; also that produced by the institution farms; and from the combined total of these two the derived per capita consumption and average price per unit. This table has been used for reference in the office, but was not issued to the institutions.

The price and grade of coal, together with the freight and teaming conditions under which it was bought by each institution, were made into a comparative table, which has been issued to the institutions on request.

A form of contract drawn up by a coal expert for Northampton Hospital, containing specifications of quality, was sent to the institutions, together with the analyses of twenty-nine brands of coal and the source from which each analysis was obtained.

Data have been obtained from each institution relative to the number of pounds of bread obtained by it from the brand of flour which it was using, together with the price of such flour.

It is intended to make further inquiries into the formulæ and cost per pound of bread, and to tabulate for publication such results as may be obtained.

The specifications for lubricating oil used by the Metropolitan Water Commission were distributed in conjunction with the prices paid for same under the latest contract.

A schedule of uniform prices for farm products has been prepared and submitted to the institutions for suggestions, and was used by them in reporting on their farms to this Board.

The result of this is the substitution of a uniform basis of comparison for individually established prices.

A new form of financial statement and balance to replace that formerly in use was prepared, together with the tables for ac-

cumulating same. This statement was used by the institutions in making their annual returns to the Board, and was by the latter incorporated into its annual report.

A statement of the food issued to patients has been secured from each institution, which it is intended to tabulate and publish later in comparative form.

Meetings of the purchasing agents have been held monthly, either at one of the institutions or in Boston, at which the financial agent of the Board has been present.

Differences of quality and price, and quantities consumed have been examined into, with the result that much of the original disparity therein, as disclosed by the price bulletins previously mentioned, has become modified or disappeared.

Talks have been held relative to methods of buying, combination, competitive, etc., and standardization of qualities and brands, particularly of staples such as coal, flour, sugar, potatoes, clothing and bedding.

The practice of obtaining 1 per cent. discount for cash on miscellaneous groceries — beans, crackers, cereals, coffee, tea, molasses and syrup — has extended from few to all institutions.

The cold storage in large quantity of eggs bought at the season of lowest prices has been found a great advantage. Three institutions bought in May and June at 17, 17 $\frac{1}{4}$ and 17 $\frac{1}{2}$ cents respectively, or at an average of 17.3 cents. The average of the institutions buying as needed through the year was 20.4 cents, a difference of 3.1 cents. A year's purchase of eggs is approximately 154,000 dozen. This difference in price applied to the total purchase gives a saving of \$4,775.

At the beginning of the year several institutions bought meat, fish and sugar at retail of the local dealers. This practice has in every case been discontinued, and the purchases are now made at wholesale or at the refineries. A year's purchase of granulated sugar is approximately 600,000 pounds, on which the American Sugar Refining Company gives a discount of 15 cents per hundredweight and 1 per cent. for ten days cash.

An investigation of coal conditions existing Nov. 1, 1907, showed eleven institutions buying nine grades of coal. One bought on specifications made by its own expert on a contract requiring specifications to be adhered to, and tested the coal

chemically as it was received. Some other institutions had analyses furnished by the coal dealers, but made no tests themselves either before or after its receipt.

The situation is changed in the respect that seven institutions buy the same grade coal, namely, New River, with prices very similar, at tide water. Each has a contract and specifications more or less complete. Many have had analyses made of various brands previous to buying, and have tested to see if the specifications contained in their contract were adhered to.

The competitive method of buying on specifications has produced good results wherever employed, and is gaining in popularity. Conferences have been held by the purchasing agents with representatives of the penal institutions, with the object in view of establishing a standard for clothing, etc., produced by the latter, and uniting in a schedule of prices for the same. Further meetings are to be held.

SUPPORT DEPARTMENT.

The primary aim of this department is the determination of claims for support of patients admitted to State institutions who become State charges.

An agent visits the institution, interviews each patient, and procures all the information possible as to the financial ability of the persons liable for support, and as to any private resources which may properly become available for this purpose. Confirmation and additional facts are obtained by communication with relatives and friends and other investigations.

During the year 87 such visits were made to institutions and 1,397 visits to relatives and friends. Histories of 2,303 patients were taken and recorded.

The first consideration is, whether the patient has a legal or moral claim for support upon the Commonwealth. If not, investigation is made as to the place where such patient belongs.

If he has no claim elsewhere, he is accepted as a State charge. If he has such claim elsewhere, when his condition allows he is returned in charge of a caretaker at the expense of the Commonwealth.

During the hospital year such investigation has led to the deportation of 73 aliens by the United States Immigration Commissioner and 101 by agents of the Board, — a total of 174, compared with 175 the previous year.

The second consideration relates to patients who properly belong in the Commonwealth, or are accepted as State charges. Are there any private funds properly available for the whole or partial support of such? The department seeks to ascertain all the facts as to such property, and to allow all just claims upon it. Care is taken not to cause hardship to any one.

During the year 95 State charges have been made private patients at \$5 and upwards per week; 232 have become reimbursing patients, usually at \$3.25 a week. The average weekly rate paid by reimbursing patients was \$3.05.

Such payments for reimbursing patients amounted during the year to \$86,867.02, and since Jan. 1, 1904, to \$358,800.48. This sum does not include payments for State charges who become private patients. The trustees of institutions fix private board rates, usually at not less than \$5 a week. The average private rate last year was \$5.29.

The number of reimbursing patients Oct. 1, 1908, was 572, compared with 536 the previous year; the average number during the year, 521.54, compared with 482.33 the previous year, — an increase of 39.21. Reimbursing patients constituted 4.99 per cent. of the inmates of public institutions.

The average weekly rate of reimbursement was \$3.05, compared with \$3.01 the previous year.

These and other related details are set forth more fully in the following tabulations: —

Reimbursing Patients.

Number of reimbursing patients remaining Oct. 1, 1907,	536
Since received,	232
Whole number of cases within the year,	768
Closed,	196
Viz.: Discharged or on visit,	65
Died,	77
Made private patients,	8
Accepted as State charges,	46
Remaining Oct. 1, 1908,	572

Reimbursements, 1907-08.

INSTITUTIONS.	DAILY AVERAGE NUMBER.		Average Weekly Per Capita Rate.	NUMBER REMAINING OCT. 1, 1908.				UNITED STATES DEPORTATION CASES.	
	AVERAGE NUMBER.			\$3.25 a Week.	Less.	Male.	Female.	Daily Average Number.	Average Weekly Per Capita.
	Male.	Female.							
Worcester Hospital,	40.67	43.60	\$3.08	78	25	49	54	5.49	\$5.00
Taunton Hospital,	29.68	37.45	3.13	62	10	32	40	3.48	5.00
Northampton Hospital,	35.15	35.02	3.07	68	15	42	41	.89	5.00
Danvers Hospital,	48.98	68.07	3.07	106	24	54	76	2.32	5.00
Westborough Hospital,	20.35	45.03	3.22	63	5	21	47	2.02	5.00
Worcester Asylum,	10.75	15.44	3.17	25	2	11	16	-	-
Medfield Asylum,	17.56	25.27	2.76	35	7	16	26	-	-
Boston State Hospital,	8.89	10.90	2.80	13	4	6	11	-	-
Hospital for Epileptics,	7.04	1.54	2.89	7	4	9	2	.33	5.00
State Colony,	3.00	2.32	2.55	5	1	3	3	-	-
State Hospital,	-	1.75	2.80	3	-	-	3	1.36	4.15
Foxborough State Hospital,	-	-	-	-	1	1	-	-	-
State Farm,	2.32	-	2.80	-	-	-	-	.50	3.50
Hospital Cottages,	-	-	-	-	-	-	-	-	-
Family care,	.28	10.50	2.75	7	2	-	9	-	-
Totals,	224.67	296.87	\$3.05	472	100	244	328	16.37	-

Receipts for Support of Reimbursing Patients.

LOCATION OF PATIENTS.	Year ending Nov. 30, 1907.	Year ending Nov. 30, 1908.	Total Since Jan. 1, 1904.
Worcester Hospital,	\$13,903 82	\$14,926 43	\$60,407 71
Taunton Hospital,	11,112 03	11,842 61	48,870 35
Northampton Hospital,	10,287 26	11,420 02	45,297 30
Danvers Hospital,	17,925 87	19,276 18	81,181 73
Westborough Hospital,	10,274 50	11,460 97	46,832 03
Boston State Hospital,	2,497 69	2,879 32	9,451 91
Worcester Asylum,	4,284 40	4,314 96	20,765 15
Medfield Asylum,	5,655 68	6,156 38	31,546 11
State Colony,	617 67	705 60	2,737 85
Insane wards, State Hospital,	477 38	540 79	1,473 41
Asylum for Insane Criminals,	523 23	431 00	1,035 03
Hospital for Epileptics,	1,168 05	1,373 97	5,162 16
Foxborough State Hospital,	19 04	—	92 93
Hospital Cottages,			86 14
Family care,	749 14	1,538 79	3,011 01
Almshouses,		—	849 66
Totals,	\$79,495 76	\$86,867 02	\$358,800 48

DEPORTATION.

There were considered for deportation 309 cases, compared with 362 the previous year. The Board deported 58 to other States, 43 to other countries, — in all, 101. In addition, the United States Immigration Commissioner deported 73. Altogether, 174 were deported, compared with 175 the previous year.

Since Oct. 1, 1898, 1,160 persons have been deported by the Board, of whom 28 returned once and 10 twice. Of those returning, 9 are now in institutions in this State.

Details of the disposition of cases under consideration for deportation are shown in the following table: —

	STATE BOARD.			UNITED STATES IMMIGRATION COMMISSIONER.			TOTALS.			COMPARISON OF TOTALS.		
	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.	1907.	1908.	Increase.
Cases pending Sept. 30, 1907.												
Since reported by support department,												
Rejected by Immigration Commissioner,												
Became United States cases,												
Total cases under consideration,												
Deported,												
Viz.: Other States,												
Other countries,												
Discharged,												
Viz.: Care of friends,												
Escaped,												
Died,												
Withdrawn,												
Viz.: Private patients,												
Reimbursing patients,												
United States cases,												
Rejected by Immigration Commissioner,												
Dropped from further consideration,												
Viz.: Impracticable to deport,												
No place to go,												
Total cases closed,												
Cases pending Sept. 30, 1908,												
Viz.: On escape,												
Under sentence,												
Not in condition to deport,												
Awaiting action,												

↑ Decrease.

Transfers.

TRANSFERRED TO —	TRANSFERRED FROM —																						
	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Insane Hospital.	Insane Wards, State Hospital.	Worcester Asylum.	Medfield Asylum.	State Colony.	Hospital for Epileptics.	Asylum for Insane Criminals.	Foxborough State Hospital.	School for the Feeble-minded.	Wrentham State School.	Hospital Cottages for Children.	Total.	Family Care.	Total Public.	McLean Hospital.	Other Private Hospitals.	Total Private.	Aggregates.
Worcester Hospital.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Taunton Hospital.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton Hospital.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Danvers Hospital.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Westborough Hospital.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Boston Insane Hospital.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insane Wards, State Hospital.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Worcester Asylum.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Medfield Asylum.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
State Colony.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hospital for Epileptics.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Asylum for Insane Criminals.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Foxborough State Hospital.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
School for the Feeble-minded.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wrentham State School.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hospital Cottages for Children.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.	149	170	26	108	87	59	17	7	1	14	—	2	2	40	1	—	683	52	735	14	3	17	752
Family care.	9	7	6	5	8	—	—	—	—	—	—	—	—	—	—	—	35	—	35	2	—	2	37
Total public.	158	177	32	113	95	59	17	7	1	14	—	2	2	40	1	—	718	52	770	16	3	19	789
McLean Hospital.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other private hospitals.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total private.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4	1	7	8	12
Aggregates.	158	177	32	113	96	62	17	7	1	14	—	2	2	40	1	—	722	52	774	17	10	27	801

TRANSFERS.

Eight hundred and one patients have been transferred within the year; 683 between public institutions; 87 between public institutions and families; 2 between private institutions and families; 21 between public and private institutions; 8 between private institutions, according to the preceding tabulation.

THE ALLEGED INSANE, FEEBLE-MINDED AND EPILEPTIC IN
ALMSHOUSES AND IN THE COMMUNITY.

The tentative arrangement has been continued with the State Board of Charity relative to the visitation of alleged insane, feeble-minded or epileptic persons who may be cared for in almshouses or private families under public support.

Seven such cases were reported by the Board of Charity, and investigated by a medical officer of the Board of Insanity. Commitment was recommended in three cases. One was committed to an insane hospital; in one case commitment became unnecessary; and in the other no action has yet been taken. Action was not deemed necessary in the remaining cases.

In addition, investigation was made with regard to the care of 3 other such persons in almshouses and private families; these were considered suitably provided for by overseers of the poor.

Nine visits to almshouses and private families for special investigation were made by a medical officer of the Board.

Respectfully submitted,

HERBERT B. HOWARD,
GEORGE F. JELLY,
MICHAEL J. O'MEARA,
HENRY P. FIELD,
WILLIAM F. WHITTEMORE,

State Board of Insanity.

APPENDIX.

APPENDIX.

NEW LEGISLATION.

General legislation relative to the institutions and persons under the supervision of the Board was enacted by the Legislature of 1908 as follows:—

RESOLVES OF 1908, CHAPTER 62.

RESOLVE TO PROVIDE FOR THE APPOINTMENT OF A COMMISSION TO REVISE THE LAWS RELATING TO INSANE PERSONS.

Resolved, That the governor be requested to appoint, with the advice and consent of the council, a commission of three persons to revise and codify the laws of the commonwealth relating to insane persons. Two members of the commission shall be experienced alienists and the third member shall be a member of the bar. The commission shall serve without compensation, but shall be allowed for clerical and other expenses a sum not exceeding one thousand dollars. They shall make their report to the next general court not later than January fifteenth, nineteen hundred and nine. [*Approved April 8, 1908.*]

RESOLVES OF 1908, CHAPTER 34.

RESOLVE TO PROVIDE FOR AN INVESTIGATION AND REPORT BY THE STATE BOARD OF INSANITY AS TO THE BEST METHOD OF PROVISION FOR THE INSANE.

Resolved, That the state board of insanity is hereby directed to investigate and report to the general court, not later than the first day of May of the present year, with such recommendations as it may deem necessary or expedient, as to the best method of providing for the insane, including those in Boston and its vicinity, in situations convenient to the interested friends of such insane persons, with special reference to first, the care and observation of mental cases, second, the early treatment of mental diseases, and third, the treatment of acute and curable cases of insanity. [*Approved March 14, 1908.*]

The essential provisions of chapter 613 are:—

(1) Repeal of the exemption of the insane in the Boston Insane Hospital from the provisions of chapter 451, Acts of 1900, which completes the establishment of State care and support of the dependent insane in State institutions.

(2) Authorization of the State Board of Insanity, with the approval of the Governor and Council, to acquire on behalf of the Commonwealth the property of the Boston Insane Hospital, and its establishment as a State hospital under the title of "Boston State Hospital."

ACTS OF 1908, CHAPTER 613.

AN ACT TO PROVIDE FOR THE CARE OF THE INSANE OF THE CITY OF BOSTON
BY THE COMMONWEALTH.

Be it enacted, etc., as follows:

SECTION 1. The commonwealth, after the first day of December in the year nineteen hundred and eight, shall, by the officers and boards authorized thereto, have the care, control and treatment of all insane persons who are now cared for by the city of Boston, or by any board of officers thereof, and the city of Boston shall not hereafter establish any asylum or other institution for the care of the insane, or after said date maintain any such institution, or be liable for the board, care, treatment or act of any insane person.

SECTION 2. The institution or asylum in which such insane persons are cared for shall, after said date, be called the Boston State Hospital, and shall be subject to all laws, so far as they apply, governing state insane hospitals. The government of said Boston State Hospital when established, shall be vested in a board of seven trustees to be appointed by the governor, with the advice and consent of the council, of whom five shall be men and two shall be women. One member shall annually in January be appointed by the governor, with the advice and consent of the council, for a term of seven years from the first Wednesday of the February following. The members of the board may be removed for cause by the governor, with the advice and consent of the council. The members of the board first appointed shall hold office from the time of their appointment for terms expiring one, two, three, four, five, six and seven years, respectively, from the first Wednesday of February in the year nineteen hundred and nine, the length of their terms to be designated at the time of appointment.

SECTION 3. The state board of insanity is hereby authorized, with the approval of the governor and council, in the name and behalf of the commonwealth, to take, or acquire by purchase or otherwise, the lands and buildings now constituting the Boston insane hospital in the city of Boston, together with any lands or buildings adjacent thereto, which, in their opinion, may be necessary to accomplish the purposes of this act. In the event of the taking of said lands and buildings by said board, the board shall file in the registry of deeds for the county of Suffolk, a description of the lands and buildings so taken, with a statement signed by said board, or by a majority thereof, that the same are taken under the provisions of this act in the name and behalf of the commonwealth; and the said act and time of filing shall be deemed to be the act and time of the taking of such lands and buildings, and shall be a sufficient notice to all persons that the same have so been taken. The title to the lands and buildings so taken shall vest absolutely in the commonwealth and its assigns forever. The commonwealth shall pay all damages sustained by the city of Boston by reason of the taking of said lands and buildings, and said state board shall have full power, subject to the approval of the governor and council, to settle with the mayor and board of trustees of said Boston insane hospital, the value of the lands and buildings taken as aforesaid; and

if said value cannot so be agreed upon by them, the superior court, upon application of either party, within one year after said taking, and after notice to the other party, shall appoint three commissioners who shall determine said value, and whose finding when accepted by the court shall be final. Only one of said commissioners shall be a resident of the county of Suffolk. The commissioners shall receive such compensation as may be determined by the court, which shall be paid by the city of Boston if the value of the said lands and buildings as determined by the commissioners, exclusive of interest, does not exceed the amount which the commonwealth offered to pay therefor prior to the application for the appointment of the commissioners; and otherwise the compensation of the commissioners shall be paid by the commonwealth.

SECTION 4. The provisions of section two of chapter four hundred and fifty-one of the acts of the year nineteen hundred, and the last sentence of section six of chapter eighty-seven of the Revised Laws, in so far as they make an exception in the case of the city of Boston in the provisions of said chapters, respectively, are hereby repealed. All acts and parts of acts inconsistent herewith are hereby repealed.

SECTION 5. This act shall take effect upon its passage. [*Approved June 11, 1908.*]

ACTS OF 1908, CHAPTER 629.

AN ACT TO PROVIDE FOR THE SUPPORT BY THE COMMONWEALTH OF CERTAIN
FEEBLE-MINDED AND OTHER PERSONS.

Be it enacted, etc., as follows:

After the first day of December in the year nineteen hundred and eight, the commonwealth shall be liable for the board, care and treatment of all persons who are feeble-minded, or epileptic, who may be inmates of the Massachusetts School for the Feeble-Minded, of the Wrentham state school, of the Massachusetts hospital for epileptics, of the Hospital Cottages for Children, or of any other state institution for the care of such persons, or who may be admitted thereto under the provisions of law, and who would be supported under existing laws at the expense of any city or town within the commonwealth. [*Approved June 12, 1908.*]

ACTS OF 1908, CHAPTER 626.

AN ACT TO PROVIDE FOR THE PREPARATION OF PLANS AND THE LOCATION OF
A HOSPITAL FOR ACUTE AND CURABLE MENTAL PATIENTS IN THE METROPOLITAN DISTRICT.

Be it enacted, etc., as follows:

SECTION 1. The state board of insanity shall, with the approval of the governor and council, select, and secure options on, land in the city of Boston suitable for the establishment of a hospital conveniently located for the first care and observation of mental patients and the treatment of acute and curable mental disease. Said board shall prepare and submit to the general court, not later than March first, nineteen hundred and nine, preliminary plans, and general specifications and estimates of the cost of constructing and equipping, for the use of said hospital, buildings sufficient to accommodate one

hundred and twenty patients and the necessary officers, nurses and employees, and to furnish adequate provision for the treatment of acute and curable mental diseases, and scientific research into the nature, causes and results of mental diseases. Said board shall in like manner select, and secure options on, land in or near said city suitable for the establishment of a branch of said hospital for the treatment of voluntary mental patients, and shall prepare and submit as aforesaid to the general court like plans, specifications and estimates for buildings sufficient to accommodate one hundred patients and the necessary officers, nurses and employees.

SECTION 2. A sum not exceeding ten thousand dollars may be expended to carry out the provisions of this act.

SECTION 3. This act shall take effect upon its passage. [*Approved June 12, 1908.*]

ACTS OF 1908, CHAPTER 627.

AN ACT TO AUTHORIZE THE CITY OF BOSTON TO ESTABLISH AND MAINTAIN
OBSERVATION WARDS.

Be it enacted, etc., as follows:

SECTION 1. The city of Boston may establish and maintain within its limits a suitable building or certain wards for the reception, medical observation and care of those persons suffering from sudden delirium, mental disturbance, transitory excitement or other kindred disorders, who are now classed as "observation cases", and owing to the lack of such building or wards are at present placed in the city prison, the house of detention or the house of correction at Deer Island, pending medical examination or treatment.

SECTION 2. Until the time when such a building or wards shall be established, the mayor of Boston shall have authority to direct that such persons be placed for observation and treatment in the care of any general hospital belonging to the city.

SECTION 3. This act shall take effect upon its passage. [*Approved June 12, 1908.*]

The provisions of chapter 597 authorize the Auditor of the Commonwealth to prescribe a uniform set of accounts for the Board and the institutions under its supervision, and to direct the keeping of the same.

ACTS OF 1908, CHAPTER 597.

AN ACT RELATIVE TO THE AUDITOR'S DEPARTMENT OF THE COMMONWEALTH.

Be it enacted, etc., as follows:

SECTION 1. The official now known and designated as the auditor of accounts shall hereafter be known and designated as the auditor of the commonwealth.

SECTION 2. The auditor, with the consent of the governor and council, shall appoint a deputy auditor, who shall perform such duties as may be assigned to him by the auditor. If, by reason of sickness, absence or other cause, the auditor is temporarily unable to perform the duties of his office, the deputy auditor shall perform the same until such disability ceases. The

salary of the deputy auditor shall be fixed by the auditor, with the approval of the governor and council, and such deputy shall serve as clerk to the house committee on ways and means while the position is filled by the present incumbent, and he may be removed from office for cause at any time, by the auditor, with the consent of the governor and council.

SECTION 3. The auditor, with the consent of the governor and council, shall appoint a supervisor of accounts, whose salary shall be fixed by him, with the approval of the governor and council, and whom he may remove from office for cause at any time with the consent of the governor and council.

SECTION 4. Under the direction of the auditor, the supervisor of accounts shall direct and control all the accounts in all departments, and shall have full authority to prescribe, regulate and make changes in the methods of keeping and rendering accounts, and shall see that they are properly maintained, and that all items are correctly allocated between capital receipts and disbursements and operating revenue and expense. He shall establish in each department a proper system of accounts, which shall be uniform so far as is practicable. He shall establish a proper system of accounting for stores, supplies and materials, and may provide, where he deems it necessary, for a continuing inventory thereof. He may inquire into the methods of purchasing and handling such stores, supplies and materials by the departments, reporting to the auditor such changes as may in his judgment be deemed wise. He shall provide such safeguards and systems of checking as will insure, so far as is possible, the proper collection of all revenue due the commonwealth; and, where he deems it necessary, shall provide that forms and receipts shall be numbered consecutively, making the departments responsible for their use or cancellation.

SECTION 5. The auditor shall prepare a document giving the estimates for appropriations for the next fiscal year, the corresponding appropriations for the current year and the corresponding expenditures for the current year and the past two years, to which document shall be appended such explanations for the necessity or advisability of the proposed appropriations as the departments asking the appropriations may furnish. This document shall be transmitted to the general court on the first Wednesday in January.

SECTION 6. Whenever the word "departments" occurs in this act it shall be understood to include all departments, boards, commissions, institutions and offices of the commonwealth which incur expense or to which income accrues, unless the context requires a different interpretation.

SECTION 7. All acts and parts of acts inconsistent herewith are hereby repealed.

SECTION 8. This act shall take effect upon its passage. [*Approved June 8, 1908.*]

ACTS OF 1908, CHAPTER 195.

AN ACT RELATIVE TO TREASURERS AND DISBURSING OFFICERS OF STATE INSTITUTIONS.

Be it enacted, etc., as follows:

SECTION 1. Treasurers and disbursing officers of state institutions shall maintain an office at their respective institutions where all their books, accounts

and vouchers shall be kept. Their books shall be the books of their respective institutions and shall show all receipts and disbursements on account of the same.

SECTION 2. This act shall take effect upon its passage. [*Approved March 10, 1908.*]

ACTS OF 1908, CHAPTER 269.

AN ACT TO PROVIDE THAT THE RECORDS OF CERTAIN HOSPITALS SHALL BE ADMITTED AS EVIDENCE IN THE COURTS.

Be it enacted, etc., as follows:

Section two of chapter three hundred and thirty of the acts of the year nineteen hundred and five is hereby amended by inserting after the word "records", in the first line, the words: — and similar records kept prior to April twenty-fifth, nineteen hundred and five, — so as to read as follows:— *Section 2.* Such records, and similar records kept prior to April twenty-fifth, nineteen hundred and five, shall be in the custody of the person in charge of the hospital, and shall be admissible as evidence in the courts of the commonwealth as to all matters therein contained. [*Approved March 25, 1908.*]

ACTS OF 1908, CHAPTER 470.

AN ACT TO AUTHORIZE THE APPOINTMENT OF OFFICERS OF THE STATE FARM AS SPECIAL DISTRICT POLICE OFFICERS.

Be it enacted, etc., as follows:

The governor, upon the written recommendation of the trustees and superintendent of the state farm, may appoint any officer of the state farm a special district police officer for a term of three years unless sooner removed. Such officer shall have authority to perform any police duty about the premises of the state farm and to serve any criminal process in connection therewith. [*Approved May 1, 1908.*]

ACTS OF 1908, CHAPTER 469.

AN ACT TO PROVIDE FOR REIMBURSING CERTAIN OFFICIALS FOR PREMIUMS PAID FOR PROCURING SURETIES ON THEIR BONDS.

Be it enacted, etc., as follows:

SECTION 1. When an official who has the custody of property of the commonwealth, or who is charged with the duty of receiving or disbursing money, is required to give bond to the commonwealth for the faithful discharge of his duty, the commonwealth shall reimburse him for the amount paid by him to a surety company for becoming surety on his official bond.

SECTION 2. This act shall take effect upon its passage. [*Approved May 1, 1908.*]

SPECIAL APPROPRIATIONS.

	1908.	Ten Years, ending 1908.
<i>Worcester Hospital.</i>		
Construction of an addition to the main building and furnishing same complete for occupancy,	\$50,000 00	\$299,098 44
[Resolves, chapter 146.]		
<i>Taunton Hospital.</i>		
Repairs and alterations of an old dwelling house at Raynham colony, and laying new floors in two wards of the main building,	\$2,400 00	\$325,205 00
[Resolves, chapter 103.]		
<i>Northampton Hospital,</i>		\$217,300 00
<i>Danvers Hospital.</i>		
Constructing a sidewalk,	\$1,250 00	\$364,100 00
[Resolves, chapter 100.]		
<i>Westborough Hospital.</i>		
Constructing new nurses' cottage and furnishing same, . .	\$8,375 00	
Constructing new building for married couples and furnishing same,	4,500 00	
Constructing a cottage for the farm superintendent, . .	2,500 00	
Enlarging the boiler house and building a new coal shed, .	1,800 00	
Installation of an engine generator and two boilers, . . .	8,500 00	
Silo, ensilage cutter and motor,	1,000 00	
[Resolves, chapter 116.]		
	\$26,675 00	\$454,625 00
<i>Worcester Asylum.</i>		
Construction of a new building for patients and furnishing same complete for occupancy,	\$50,000 00	
Furnishing rooms for employees and additional farm equipment,	4,500 00	
Construction of two silos and extension of electric service, .	2,400 00	
Extension of the sewerage and water system,	6,000 00	
[Resolves, chapter 146.]		
	\$62,900 00	\$517,900 00
<i>Medfield Asylum.</i>		
Purchase of additional land,	\$1,200 00	
Remodeling the heating plant,	12,000 00	
[Resolves, chapter 130.]		
	\$13,200 00	\$558,700 00
<i>State Colony.</i>		
Constructing and furnishing a two-story house for employees,	\$4,500 00	
Additions to barns and the construction of silos, a hen house and slaughterhouse and for other minor improvements,	3,500 00	
Purchase of land, with the buildings thereon, from the Seaver estate, and for repairs to the buildings,	1,000 00	
Necessary water supply system,	13,000 00	
[Resolves, chapter 113.]		
	\$22,000 00	\$495,950 00
<i>Asylum for Insane Criminals,</i>		\$235,000 00
<i>State Hospital,</i>		\$120,000 00
<i>Hospital for Epileptics.</i>		
Removal of the stable,	\$500 00	
Constructing and furnishing building for male employees, .	5,900 00	
Completing and furnishing rooms on the ground floor of the Women's South Building, for female employees, . .	3,900 00	
Constructing a bread oven in the kitchen building, . . .	1,500 00	
Removal of heating pipes in the administration building, .	350 00	
Ensilage cutter and motor and for installing the same, . .	850 00	
[Resolves, chapter 128.]		
	\$13,000 00	\$431,800 00
<i>Massachusetts School for the Feeble-minded,</i>		\$537,100 00

SPECIAL APPROPRIATIONS — *Concluded.*

	1908.	Ten Years, ending 1908.
<i>Wrentham State School.</i>		
Purchase of stock and tools for the farm,	\$2,000 00	
Constructing and furnishing two dormitories,	80,000 00	
Constructing, furnishing and equipping service building, . .	33,000 00	
Constructing and equipping power and heating plant and mechanics' building,	35,000 00	
Constructing and furnishing house for employes,	11,000 00	
Providing necessary water supply,	11,800 00	
[Resolves, chapter 146; Acts, chapter 653, section 2.]		
	\$172,800 00	\$247,800 00
<i>Foxborough State Hospital,</i>		\$173,150 00

SUMMARY OF APPROPRIATIONS.

	1908.	Ten Years, ending 1908.
<i>Insane.</i>		
Constructing, furnishing and equipping buildings for patients and nurses,	\$108,375 00	\$2,207,525 00
Number of patients provided for,	135	2,992
Average per capita cost,	\$740 74	\$596 27
Number of nurses provided for,	24	651
Average per capita cost,	\$348 96	\$650 49
Patients and nurses provided for,	159	3,643
Average per capita cost,	\$681 60	\$605 96
Land, buildings for officers and employees and for administrative purposes, in- cluding furnishing and equipment, im- provements and repairs,	76,550 00	1,733,886 44
Total,	\$184,925 00	\$3,941,411 44
<i>Feeble-minded.</i>		
Constructing, furnishing and equipping buildings for patients and nurses,	\$80,000 00	\$425,500 00
Number of patients provided for,	100	840
Average per capita cost,	\$800 00	\$435 12
Number of nurses provided for,	-	82
Average per capita cost,	-	\$731 71
Patients and nurses provided for,	100	922
Average per capita cost,	\$800 00	\$461 50
Land, buildings for officers and employees and for administrative purposes, in- cluding furnishing and equipment, im- provements and repairs,	92,800 00	359,400 00
Total,	\$172,800 00	\$784,900 00
<i>Epileptic.</i>		
Constructing, furnishing and equipping buildings for patients and nurses,	-	\$152,550 00
Number of patients provided for,	-	192
Average per capita cost,	-	\$732 03
Number of nurses provided for,	-	27
Average per capita cost,	-	\$444 44
Patients and nurses provided for,	-	219
Average per capita cost,	-	\$696 57
Land, buildings for officers and employees and for administrative purposes, in- cluding furnishing and equipment, im- provements and repairs,	\$6,500 00	63,350 00
Total,	\$6,500 00	\$215,900 00

SUMMARY OF APPROPRIATIONS — *Concluded.*

	1908.	Ten Years, ending 1908.
<i>Inebriate.</i>		
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,		\$35,517 00
<i>All Classes.</i>		
Constructing, furnishing and equipping buildings for patients and nurses,	\$188,375 00	\$2,785,575 00
Number of patients provided for,	235	4,024
Average per capita cost,	\$765 96	\$569 11
Number of nurses provided for,	24	760
Average per capita cost,	\$348 96	\$651 94
Patients and nurses provided for,	259	4,784
Average per capita cost,	\$727 32	\$582 27
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	175,850 00	2,192,153 44
Total,	\$364,225 00	\$4,977,728 44
Average amount appropriated annually,		\$497,772 84

SEMIANNUAL CONFERENCES.

The nineteenth semiannual conference of the Board and the trustees of the different institutions was held at the State House on June 2, 1908.

The subject for discussion was: How may the medical and scientific spirit be best promoted in our institutions?

The views of the different speakers as expressed at this conference were as follows:—

Dr. George T. Tuttle, superintendent of McLean Hospital:—Promotion of the medical and scientific spirit in our hospitals would lead to the diffusion of all the present available knowledge of mental diseases among the physicians and nurses of the hospitals, and eventually among the public at large. It would tend to improve methods of care and treatment, and perhaps to an increase in the number of recoveries, but better than this, the resulting increased knowledge of insanity and its causes would be an important step towards its prevention, which is the highest achievement of scientific medicine.

The first requisite is a superintendent who is in sympathy with the work, who not only permits it but who actively promotes it. A second, of equal importance, is an approving board of trustees, who will not be frightened at the necessary additional expenditure, for these things cost money.

Achievement is often stimulated by opportunity, and money should be spent in providing suitable accommodations and facilities for

doing advanced medical work. An additional medical officer should be appointed, whose time would be given solely to the study of the patients, the keeping of clinical records and the promotion of modern methods of diagnosis and treatment. The superintendent and his chief executive assistants have not the time nor the training for such work.

While careful bedside study is probably the most promising field, there are several collateral lines of inquiry which should not be neglected in this most difficult study. Pathological anatomy is the oldest, and has yielded results; but in order to do anything really worth while in pathology a man must be appointed who will give his life to the work. He must be able not only to do what others have done and see what others have seen, but to make advances through the development of new methods of research, new technique. Another field is that of bacteriology. While we may not subscribe to the value of all the work recently done, it certainly is necessary to determine what its importance is from an etiological point of view. This also requires expert knowledge if the work is to be worthy of confidence.

Negative results, although disappointing, are of value. The McLean Hospital has expended considerable time and money in the investigation of problems in physiological chemistry. One can have the utmost confidence in the quality of the work, but the results have thus far been practically negative in their bearing on the causation and treatment of mental diseases. Still, it is good work and needed to be done.

The McLean Hospital also established four years ago a department of pathological psychology, which has a most direct bearing on insanity and its problems, and which, besides other information, has already given valuable methods for the examination of patients.

Some of this research and experiment work cannot be done at the bedside of the patient, and it is therefore necessary that a place should be provided and equipped with whatever appliances may be needed. It is not sufficient for a hospital to finish a room in the basement, put in a few pieces of apparatus, call it a laboratory and think that progress is being made, even though there are no workers in it. The true laboratory is of gradual growth, and in its appliances is a record of the kind of work that has been done there.

When men have been selected who are competent to do original work they should have enough clinical assistance in the way of taking histories of the patients, making and writing notes, etc., to give them time for the higher work of which they are capable. This means the employment of a greater number of junior assistant physicians and the maintenance of a good training school for nurses. In order that

the whole medical staff may have the benefit of the knowledge of these men, who are relieved of executive duty, the present common practice of holding frequent conferences for the discussion of cases or any medical topic is most helpful. The monthly meetings of the assistant physicians of the different hospitals in the State, at which each learns what the other men are doing, are also of great service in promoting the spirit of inquiry and work.

A most legitimate expenditure for the promotion of this work is that for a good working library, one especially rich in current literature. This is a necessity. Time cannot be spent in trying to rediscover what others have already found; and, likewise, whatever work is done by physicians of our hospitals should also be published for the benefit of others.

Above all influences which would tend to the promotion of the medical and scientific spirit is the establishment of psychopathic hospitals in the large cities of the Commonwealth, which the State Board of Insanity recommended in their recent most valuable report on the best method of providing for the insane. These observation hospitals, aside from being otherwise of inestimable benefit to the community, will be centers for the study of mental diseases and for the instruction of medical students and physicians.

Dr. Frederick H. Packard, assistant physician, McLean Hospital: — I have been asked to tell you something about the psychiatric clinic in Munich. I suppose it is generally accepted now that that clinic has not only passed the experimental stage but has become a genuine success. Such an admission at this time is particularly interesting because it proves that the recommendations of the State Board of Insanity with regard to such a psychiatric clinic in Boston are really feasible and practical.

There are many things which might be said about the Munich clinic, but I propose to mention only a few of those which seem to me to have been most important in making for the success of that clinic.

In the first place, it seems that the situation has been very important. As perhaps many of you know, the clinic stands in the midst of the city, in the hospital district; in fact, in the same block with the general hospital. Such a situation makes it possible for patients to be brought any time of the day or night by their friends or by physicians, or by the police, who may have picked them up on the street, and assures to the patients immediate and proper attention.

Again, the accessibility of the clinic makes practical an out-patient department for mental diseases where patients can come at certain hours daily and obtain advice and treatment. Such an out-patient

department is in itself of great importance, as it induces people who are still in the early stages of mental diseases to obtain professional advice as to how best to conduct themselves at home, or, if necessary, to enter the institution. As a result, it is quite probable that long attacks are sometimes aborted or even prevented.

The situation is further important because it renders the clinic accessible to the students.

And finally, the proximity to the general hospital, and perhaps also the out-patient department, to which patients may come and go freely, tend to give a hospital atmosphere to the place such as our asylums rarely have, and to educate the people to a proper attitude towards mental diseases.

A second important factor is in the construction of the hospital. Without going into details I would emphasize the fact that the building is sufficiently large to permit of its being divided up into a number of separate wards and some private rooms, thereby making possible a proper classification of the patients in the hospital. The wards are small, having only ten or twelve beds as a rule. The main building, situated between the two wings, one for men and one for women, contains the laboratories for scientific work, besides a large, well-equipped lecture hall.

The length of time during which individual patients remain at the clinic varies according to the case, and according to whether they are wanted for scientific study, special scientific purposes or for teaching purposes. Short cases are sometimes kept throughout the entire attack. Others, especially those promising to be long or chronic cases, are, after being carefully observed for a longer or a shorter period, passed on to Egelfing, — a large hospital situated some six miles in the suburbs and having accommodations for about 1,500 patients. If necessary or desirable for teaching or other purposes, patients from Egelfing may be transferred back to the clinic.

I suppose I should say a word about the treatment of patients at the Munich clinic. As with us, so with them, there is no specific, and while the treatment at the clinic is excellent, I am inclined to think that on the whole it is no better than is to be found in our best hospitals. It is naturally limited for the most part to common-sense methods; rest in bed is much used, and many patients remain in bed almost up to the time of their discharge. Full feeding, a scanty use of drugs and the absence of restraint are noticeable features of the treatment. The prolonged bath is extensively and profitably used, and there are some points in this connection that are worthy of notice. The bath rooms are large, light and airy, provided with

windows such that patients can look out; in short, they are attractive rooms, so to speak, when contrasted with the ordinary bath room, with its small, high window, which is usually a place that one likes to get out of as soon as possible. These large rooms, and there are several of them in different parts of the hospital, usually contain four low-set tubs, of sufficient length to allow a patient to lie down. The tubs are filled from a mixer which makes it possible to keep the water at any given temperature. From one to four patients, with sufficient attendants to properly care for them, are turned loose in such a room practically naked. They are encouraged but not forced to get into the tubs. As a rule, the natural tendency of a maniacal patient to play in water results in the patients spending the greater part of their time in the water, now sitting up, now splashing the water about, now perhaps lying quietly for a while, occasionally jumping out and running about the room, but usually soon returning to the water. After varying lengths of time the patients tend to quiet down under this treatment, and as soon as they show any tendency to become sleepy or quiet they are taken to a nearby room, where they often fall asleep, and perhaps the excitement is broken. If not, they are returned to the baths. The liking which the patients have for this treatment is quite striking, and several times I have seen a maniacal patient shown in the amphitheater who continually clamored to be allowed to go back to his bath. You will at once appreciate that such a use of the prolonged bath is quite different from swathing an excited patient tightly in sheets and slinging him on a canvas in a tub, which seems to me to amount to the worst kind of restraint. Of course, certain very confused and weak patients are at times suspended in the tub, since their condition would not permit of other treatment.

From one point of view the educational work done in connection with the Munich clinic is scarcely second in importance to the care and treatment. Of prime importance is the education of the public in regard to mental diseases and their treatment, and the public perhaps is best gotten at through the family physician, and he in turn must be taught as a medical student. Probably nowhere in the world are the facilities for teaching the students so adequate as in Munich. With a clinic of 2,000 cases a year the variety of mental diseases seen is exceptionally great. Moreover, the method of teaching is important. The splendidly equipped amphitheater, accommodating some 200 students, is situated between and adjoining the men's and women's wards. This renders it so easy to bring patients into the amphitheater that all kinds of cases can be shown, no matter what the condition may be, hence a representative clinic and not one of merely picked

cases. The various cases, sometimes four to six in a forenoon, are brought into the amphitheater, where they are examined before the students, and perhaps the students are asked to examine them for themselves. After such an examination, which not only allows the students to observe the patients themselves but also the method of examination, the cases are discussed by the professor and the important points brought out. This case method of teaching, as it might be called, is not only a profitable method, but one which makes the psychiatric clinic one of the most interesting and largely attended clinics of the university. The amphitheater is further equipped with stereopticon and projection apparatus, so that pictures of patients and also photographs of pathological material can be shown. Also there is a moving-picture apparatus, by means of which convulsive and choreiform movements can be demonstrated to the students at any time and analyzed.

The educational facilities of the clinic are further made use of in a course given each year, more especially for psychiatrists and the medical profession at large. This course extends over about six weeks, and occupies practically the whole of each day during that time. All the departments of the clinic are represented, — clinical psychiatry, neuro-pathology, experimental psychology, chemistry, etc. This course is much appreciated and taken advantage of by physicians from all over Europe, who are able in this way to get in a short time a review of the work and progress of the year and a knowledge of the most up-to-date ideas and methods. Moreover, this enables the results of the scientific work done in the clinic to be spread over the country, and taken advantage of at a much earlier time than if one had to wait for such results to appear in books.

Throughout the year courses and lectures on the medico-legal aspects of psychiatry are given, some more especially designed for judges and lawyers, with the intention of educating this class of people. Criminals suspected of insanity are turned over by the police to the clinic for observation, and throughout the year Professor Alzheimer holds a clinic at which these cases are shown, examined and discussed. This course is not only attended by physicians but by lawyers, and frequent discussions arise in connection with such cases as to the adequacy or inadequacy of the laws. Such practical demonstrations are of considerable assistance to the law makers, and of course such a method of reaching a decision as to the sanity or insanity of a patient is far superior to anything which we have in this country.

We can all of us readily understand that the facilities for the reception, care and treatment of patients, and the education of the student,

physician and public at large are good and necessary. But, after all, we must expect our greatest advancement to come from the better understanding of mental diseases. Now, such a better understanding depends upon scientific work, and here it is that the Munich clinic is particularly strong. Probably its facilities for scientific work are nowhere excelled. The methods of carrying on this work are many. Perhaps most important is the clinical method. By this I mean that a careful history of each patient is gotten, and that the condition of each patient and the course of the disease are carefully studied and recorded, and an especial attempt is being made not only to record the course of individual attacks but to follow up the patients and get the life history. It is from ten to twenty year long periods of observations that valuable data are to be gotten. Such records are not only important in themselves, but also for correlation with pathological findings when autopsies are obtained.

The well-equipped pathological laboratory, under the direction of Professor Alzheimer, is a busy place. Apart from the work done by its chief and his assistants, there are always research students at work on various problems suggested and directed by Professor Alzheimer. At the present time the work being done in the pathological laboratory is encouraging in its results. The relation between the clinic and the university is important. The fact that the permanent physicians in the clinic are also professors or instructors in the university makes it possible for the men doing research work with Professor Alzheimer, for example, at the same time to have such work count for their degrees. This furnishes him much assistance without expense. The same holds true in other departments.

The psychological laboratory is well equipped with apparatus and various problems are constantly being carried on. All are of more or less academic value, and while it is exceedingly difficult to do work in this line which has a direct practical relation to psychiatry, still from time to time some such problems are worked out, and it is a field that must be covered.

The chemical laboratory has not as yet been very active, but I understand that work is soon to be started there. Plaut's work on the blood serum and cerebro-spinal fluid, especially in general paralysis and syphilis, should be mentioned in connection with the other work at the clinic.

With all these various departments working together the result is the accumulation of a tremendous lot of valuable scientific data even in a single year. The yearly analysis of this data, and its correlation each year with that of previous years, is making psychiatry, and it is

by such methods that Kraepelin has come to be recognized as perhaps the foremost psychiatrist in the world. What is perhaps especially striking is that the knowledge accumulated at the Munich clinic is based on facts and smacks very little of theory. Such a clinic conducted in such a way gives to psychiatry a certain dignity and prominence such as it does not enjoy in this country, and places it on a par with the other branches of medicine.

To sum up,—the psychiatric clinic supplies an accessible and appropriate place for the reception and care of acute and all other cases of mental disease. It gives advice and treatment to early cases. It provides education for the students, for the specialist, for the law maker and for the public at large. It also offers unequalled facilities for scientific research, by which, if in any way, our understanding and treatment of mental diseases is to be advanced.

Dr. Chas. A. Drew, medical director, Asylum for Insane Criminals:—I was glad to see the medical and scientific spirits on sufficiently good terms to appear together on our printed program. Some people think that medical work is largely guesswork, and I have a feeling that it is well for the medical spirit to be identified with the scientific spirit, and to be seen in such good company.

Many people think of the brain as the only important organ to consider in mental medicine. Those who think this way look upon neuropathology and laboratory investigations of brain-cell changes as about the only work worth while. It has seemed to me that the blood, the stomach, skin, kidneys and liver are one and all important auxiliary organs of the mind, and it has been my observation that the medical and scientific measures calculated to stimulate and restore the functions of these so-called auxiliary organs of the mind are very important measures in mental medicine.

If I should try to express in a single sentence an answer to the question of to-day, I think I would put it like this: If the trustees and superintendents show a marked interest and appreciation of good medical and scientific work, good medical and scientific work will be done in our institutions. I believe that the average young graduate in medicine is ready to respond if there is scientific stimulus and a scientific atmosphere, as soon as his tired brain has fully rested from his last year's school work and the "final examinations." An occasional man will work as if his medical school course had only whetted his appetite for study, whether much attention is paid to his work or not. Another man of the same class may appear to think he has learned it all at school, and fairly earned a continuous rest from study, however much interest is manifested by his superior officers. These, I think, are the extremes and the exceptions. In the majority

of cases it will depend on how much interest and appreciation are manifested by trustees and superintendent.

It may be in a measure true that the business interests of our institutions have received the lion's share of attention from the trustees and medical superintendents, and I think it a most natural thing that business men and women should be most interested in the business affairs of the institution under their care. I am sure that much of the fault-finding criticisms from professional sources and learned societies has been based on the oft-repeated charge that the major part of the time of the trustees and superintendent is taken up with "boarding-house problems." On the other hand, our statesmen and our tax payers gauge us, to praise or condemn us, not according to the scientific work we do, but according to the intelligent solution of those "boarding-house problems," which the learned societies profess to despise. So here we are, not exactly "between the devil and the deep sea," but between what seems to be rival claimants on the time and intelligence of those in control.

It seems to me clear that the trustees cannot be expected to directly supervise medical work as they supervise the finances of the institution, but they can and do, or do not, make it worth while for the medical assistants to do progressive medical work by substantial encouragement. I suppose it is in a measure true that the force of the current, so to speak, tends to carry the superintendent into the business zone, and away from medical and scientific problems. The medical work may not suffer from this provided those who must largely assume the medical functions of the superintendent are qualified by experience and supported by appreciation and fair compensation for the scientific work and medical responsibility.

We are acquainted with some institutions where the steward is the executive officer of the trustees in nearly all the domestic, business and farming interests of the institution. This permits the medical superintendent to lead the medical work successfully, if he loves medical work for its own sake, and we know of medical superintendents who are unquestioned leaders in medical progress. On the other hand, where the economic and medical responsibility is divided there is too often a lamentable lack of co-ordination through a jealous spirit, and petty discourtesies which, sooner or later, bring discredit to all. So it seems to me that the best thing to do first to promote the medical and scientific spirit in our institutions is to admit that the judgment and devotion to duty, on which depend directly the life or the recovery of those under our care, are worth developing and holding for their own sake.

As conditions are to-day, there is too little encouragement for an

energetic physician to remain long in the public service, except the hope of some day being chosen chief executive. This, I think, is wrong. I believe the medical work is of first importance, not excepting administrative work, and I think it a mistake that an ambitious medical assistant cannot expect to receive the income of the average physician except he be promoted from a medical position to an administrative position. Our hospitals for the insane are well organized to develop the very best of executive officers, but there is less encouragement for a man to qualify as an expert in hygiene, neurology or any medical specialty. While I believe that this alleged defect is real and worthy the consideration of this meeting, I am sure conditions have improved much and are improving. If we may judge by the attention given scientific papers at our medical conferences, we may fairly claim that the pathologists and laboratory workers are doing most of the teaching, even though the administrators still receive much the larger salaries. We must not forget, too, that it is responsibility, even more than scientific work, that makes the young man old. 'Tis he who bears the load of responsibility who cannot "sleep o' nights."

If we had an appropriation, or, better, if some wealthy trustee or philanthropist would donate an adequate fund, to be held in trust by a scientific commission, to be offered in sums of \$5,000, \$10,000 or \$15,000 as a reward for the arrest and conviction of the ringleaders of insanity-producing bacteria, or a reward for the discovery of any new medical or scientific truth applicable to the prevention or cure of insanity, then we might make more rapid progress, and the scientific worker might live in the sunshine of hope. We have no reason for confidence that such a suggestion will bear speedy fruit, and yet 'tis not offered wholly as a joke. Important scientific discoveries in the past have been made by men not well acquainted with dinners of many courses. The point I wish especially to make is this: The laborer being worthy of his hire should be paid according to the cost of his preparation and the intelligent energy he puts into his work. When a man has demonstrated that he has exceptional talent for medical and scientific work, it is not well to spoil a good scientist to make an average executive. The one ought to be paid nearly as much as the other. If the one has more responsibility, the other may have a more expensive education. If you pay your chief executive \$3,000, plus perquisites as good as \$1,500, which certainly is not exorbitant, and fix the maximum salary of your senior assistant physician at \$1,500 to \$1,800, with board, and, perhaps, the keep of a bicycle, the physician will naturally look forward with hope, not to the time when he may be a more expert physician, but to the time when he may be chief executive.

I trust I may be correctly understood. I do not underestimate the importance of buying flour and coal at the psychological moment. I sympathize keenly with the fascinating work of building noble structures which may serve the State after our children's children have been forgotten. Such work is worthy the best efforts of the most expert master in hygiene and the most progressive physician, and for such service and such responsibility you are certainly not paying too much. What I would like to emphasize is this: That the more general and less confining administrative functions and the fascinating constructive work tend to win the heart and head from the bedside and laboratory problems. You are willing to pay fairly for the judgment and ability which leave splendid monuments and show in dollars and cents, but sometimes you are content to trust the judgment of young and untried men, poorly paid men too, concerning the problems upon which life or death or recovery directly depends. This is not saying that the young and moderately paid men are not competent men. If there were a prize in the distance for him who became most expert in medicine, medical expertness would be the natural goal. If the prize in the distance is for him only who becomes a chief executive, then the medical and scientific spirit feels robbed of its birthright, and sometimes languishes for want of appreciation by those in control.

Dr. Chas. W. Page, superintendent, Danvers Insane Hospital:— Medical officers of hospitals for the insane have been subjected to considerable criticism in years past because they have not made special progress in the treatment of insanity. The diminished ratio of recoveries, and the accumulating masses of the insane in public institutions, when viewed superficially, would seem to warrant such fault finding.

If the annual statistics of insane hospitals of the present day be compared with those issued in the early days of American hospitals, it may be argued that medical skill in such institutions has deteriorated. But those early statistics were misleading when adopted as the basis for generalizations regarding the curability of insanity. Dr. Earle of Northampton, one of the early American alienists, discovered this fact before he retired from active hospital work. He published statistics and conclusions most comforting to those who have followed him as responsible heads of insane hospitals.

Although drugs were freely prescribed in those hospitals of former days, peculiar stress was laid upon the moral treatment of the insane, and the consensus of opinion of those engaged in lunacy practice forty years ago seemed to regard the medical superintendent as in duty bound to come into such personal associations with his patients

as would enable him to understand the faulty viewpoints of each one, and to personally supply the moral corrective or the mental stimulus for individual needs.

Of course those men advocated small insane hospitals, appreciating as they did that the personal influence of the medical chief, upon which they so much depended, would become too attenuated, too thin to be efficient when bestowed upon a bunch of more than 250 patients.

The early superintendents of New England hospitals for the insane were conspicuously able men. Take Dr. Todd, who opened the Hartford Retreat about eighty years ago; he was a wise as well as brilliant practitioner. In regard to the medical treatment of insanity he successfully antagonized Dr. Rush, the great American authority on medicine in those days. But how could he promote a medical and scientific spirit when his time and interest were engaged in prescribing drugs, administering moral treatment as required, and with his pen conducting all the correspondence, besides recording all the histories and records of his patients?

The size of our insane hospitals has naturally enlarged. The art of medicine, which in these former days was so admirably employed in moral treatment, has in these later years become overshadowed by the science of medicine, — and the field of science upon which medicine is based has become so varied and extensive that specialism on individual portions of that field must be adopted if excellence is to be obtained. I hold that our modern large insane hospital can, when properly officered and organized, accomplish much more for the State than could the ideal small hospital of the fathers.

By a proper organization I mean an administration where the clinical, pathological and laboratory work is well balanced and ably conducted in all lines, where the relations of their several departments are intimate, cordial and helpful each to the other.

A laboratory is handicapped without good clinical work, with concise but comprehensive records; and good clinical work without a laboratory having a bacteriological outfit in skilled hands is impossible at the present day.

By good clinical work I have in mind a careful physical and mental examination of every patient admitted to the hospital, with a complete written description of conditions on entrance and all subsequent changes and developments. The mental status, with all deviations from normal mental action, must be explicitly stated. In order to compass these ends at Danvers members of the medical staff take the patients in rotation as their names are entered on the hospital records.

No question of favoritism can arise under this practice. Then this assignment is kept on a tablet in the office, where every one can at a glance ascertain which physician is to receive and report upon the next patient. On all work days, between 8.30 and 9.30 A.M., the medical staff meet in the library, where they take turns in presenting the cases they have examined. The whole history of the case, with a written statement of the diagnosis and differential diagnosis, is read. After this the case, unless bedfast or wildly maniacal, is brought into the room, where the reader by questions demonstrates the case, bringing out such features as confirm his diagnosis. The case may then be examined by any other member of the staff. Finally the case is returned to the wards, and a formal discussion of the case is conducted by the superintendent, who asks each assistant for an expression of opinion in the case. A record of such discussions is kept. In these staff meetings the pathologist takes part, so clinical and pathological departments work together. In short, it is the aim to have all departments work in unison. Such of the staff assistants who desire to do laboratory work in connection with particular cases or special subjects are encouraged to do so.

I believe it promotes the medical and scientific spirit to conduct such work with regularity, and only the most imperative necessity prevents my personal attendance upon such meetings. Then, in order that all this clinical work may have more than transient interest and usefulness, every conspicuous feature of each case is indexed in a card system. This index has more than 150 heads, and additional ones can be adopted as seems best. Then every case is indexed under more than one head, and some cases are indexed under a dozen or more. The same minute system of cross indexing is employed in the pathological department, so that Danvers hospital records will ever remain an open mine of information, accessible to any and all who may be interested.

Laboratory work and results probably contribute more than clinical interests to further the scientific spirit in hospitals for the insane.

At Danvers more than 100 autopsies are had each year. At autopsies the entire medical staff is expected to be present, individuals rendering assistance as may be convenient or necessary. On such occasions the clinical features of the case are rehearsed by the attending physicians, and the relation between pathological cause and clinical effect is discussed.

All subsequent steps in pathological or bacteriological methods may be followed by all who are interested. Ultimate findings are typewritten, with an elaborate summary in all cases. Such patholog-

ical reports are typewritten in duplicate, the original going into a bound volume to be kept in the laboratory, the duplicate being inserted with the clinical records.

Thoroughness in pathological work is the aim. Not only are microscopical sections made from the brain and spinal cord, but also from the trunk organs. For diagnostic purposes alone at least 60 sections from each case are duly prepared and examined. About 30 cases each year are found to present such interesting or unusual features as to merit publication, singly or grouped with other cases. From 100 to 500 mounted sections are made from cases thus singled out for more careful study. Such mounted sections are filed in slide boxes, numbered for ready identification. The nervous tissue from which such sections are made is preserved in triplicate, representing three methods of fixation. A special room with ample shelving systematically numbered is used to store the glass jars containing such materials.

Bacteriological examinations are made of the heart's blood, cerebrospinal fluid, and from other organs or evident lesions as the clinical records or post-mortem appearances suggest. Bacteriological findings thus obtained often raise questions which can be settled only by animal experimentation. A pathologist and from three to five assistants are constantly busy in the Danvers hospital laboratory. Yet by the complete system of indexing employed any particular specimen, or the material from which the section was cut, as well as the clinical and pathological records pertaining thereto, can be produced without delay whenever requested.

Where is the general hospital that prepares typewritten records of all cases, and voluminous records in those especially interesting, the whole mass of such records, covering a continuous hospital population of nearly 1,400, so systematically indexed that a stranger can pick out at a moment's notice all the cases which present a given symptom, or illustrate some particular feature?

We must confess we are yet working more or less in the dark with regard to much that has a bearing upon insanity, but if we honestly observe and plainly record facts, they can easily be adjusted to any new light future research may bestow upon this subject.

Such work in connection with clinical and pathological departments stimulates professional spirit, but other things aid. A good library, and especially a good library of current medical periodicals, accessible to members of the staff, is important. It is an excellent scheme to allot the journals thus received between the various members of the medical staff, in order that they may abstract and review

them at hospital seminaries held evenings about once a month. Encouraging assistant physicians to engage in conducting a special medical society, embracing the assistants in all the State hospitals, is another way by which to foster the true spirit. Then the superintendent should encourage his assistants to report cases, and write medical essays for journals. He should never fail to compliment honest efforts in this direction. Nothing so dampens professional aspirations in State institutions as a jealous spirit on the part of the medical chief. If the superintendent intends to monopolize all the opportunities for professional recognition in his community, if he prefers that his subordinates in rank should be regarded as his inferiors in ability and qualifications, he can crush out in the germ that which if cultivated might develop conspicuous ability. Again, a superintendent actuated by such selfish motives will usually select, or retain in service, such assistants only as give no promise of detracting from his professional eminence. With such assistants, under such a chief, a scientific spirit cannot materialize.

The trustees of an institution should also receive consideration in a discussion such as that selected for this occasion. Very much in the way of success in fostering a professional spirit in the hospital will depend upon the action of the trustees; if the Board is united in supporting all measures which are calculated to raise the professional standard in the institution; if the Board rejoices with and encourages the individual members of the staff upon every evidence of advanced therapeutic or scientific work, credit for which the individual may claim, such Boards deserve recognition and applause, as results under their management suggest methods for adoption by other Boards which prize a reputation for good management and progress.

Then, to accomplish what is professionally desirable in hospitals for the insane, well-equipped, ambitious young men must be attracted to this promising field.

We have been criticised because we who have been in charge of insane hospitals have added so little to medical science. But it is only in recent years that anything like a practical conception of insanity and its causation has obtained acceptance. For long periods of time the religious or theological theory of diabolic possession was the prevailing understanding. Then psychology, with its abstruse terms and logical deductions, attempted to explain the phenomena of insanity. But now when it is admitted that insanity is a pathological reaction to previous mental impression, the normal associative mechanism being inactive, — conditions which clearly rest upon a physical basis, — the problems concerning insanity are seen to be

such as laboratory methods alone can solve. They differ in no way from those which are interesting research workers in general medicine. In hospitals for the insane, then, where there are the most promising fields for research work, with thousands of patients under control and constant observation, why are there not more competent workers seriously engaged? The medical schools have not produced them or their attention has not been attracted our way. Only when the medical schools have clinical facilities for teaching insanity, and the professors of psychiatry in those schools are interested in this variety of investigation, can we expect to see this most promising field of scientific medicine occupied as it should be.

A psychopathic hospital such as is now under consideration by the State Board of Insanity, open to medical students and utilized by the medical schools, ought to develop men competent for this work, and eager for the renown which may be achieved in this connection.

Dr. John G. Blake, trustee of State Colony:—I want to draw attention to things which I have noticed in relation to the preparation for this new departure in medicine. Having been connected with general hospitals for about fifty years I have observed the limited opportunities for young men in this direction. The compensation to the men in the hospitals is so small that comparatively few have applied. I have noticed this, not only in connection with the State Colony at Gardner, but in a general way.

I think there is a good opportunity coming now, with the establishment of an observation hospital, to get a better class of men. You should offer them more compensation, as you cannot expect to attract able young men with \$700 or \$800 a year. They are looking for opportunities to get along in life. It does not seem to me that many of them show any particular interest in the subject of mind disease.

A good many years ago, when I was on the school board, I noticed that the teachers of modern languages were receiving smaller salaries than policemen on the streets of Boston. It seemed to me absurd, and I had their salaries raised. Now, if the State Board would offer better inducements in the way of pecuniary advancement they would get a better class of young men. Would it not be well to develop some little plan in regard to advancements, increasing \$140 or \$150 a year until you arrive at reasonable compensation? I came to listen and not to talk, but it seems to me regrettable that something cannot be done along this line.

I am much interested in what we are doing at Gardner in the way of observation, and wish that the hospitals were able to do more than is possible at present in the line of research. I have listened to Dr. Packard with great pleasure.

It seems to me that with concerted action on the part of Dr. Howard and Dr. Copp, some provision could be made for sending bright young men abroad, where they would have opportunities to study and see things as they are there.

In regard to our institutions, I must say that I never saw more humanity and kind-heartedness in the care of the sick, and I am very glad, indeed, to be connected with them.

Dr. Walter Channing, trustee of Wrentham State School : — I understand that some of the speakers before I came in laid special emphasis upon the importance of establishing the contemplated psychopathic hospital department of the metropolitan hospital, and Dr. Packard has described very fully the situation at Munich. He says Munich is a place of about 500,000 inhabitants, and if they can do so much, the question is: Why some time we may not in Boston accomplish what Munich has been able to do? The one thing, if we are really interested in helping, is to uphold the hands of the Board of Insanity in what they have been trying to do in the way of getting legislation to acquire the Boston Insane Hospital for the Commonwealth. Much can be done by every individual if he only cares enough about it. You all know that at the present moment the question of taking over the Boston insane is in the Legislature, and I hope everybody here will appreciate the importance of what this means to the insane of Boston and vicinity, and ask the co-operation of the members of the Legislature in his own district.

Mrs. Sarah D. Fiske, trustee of State Hospital and State Farm : — In selecting men for the positions that have been spoken of to-day, I think only such men should be given positions in our large hospitals and institutions as appreciate the great advantages there to be obtained. Such men know the value of the positions, and they have the interest in their work which is helpful to themselves and the hospital which employs them. The small salary enables them to support themselves while at their studies, and their work while in such positions gives others a chance to judge of their ability.

This is also of advantage to them when they are looking for advancement. I do not see any real need or gain to be obtained by sending men abroad to study when they can obtain the same education in their own country if they really wish it. It is the *man*, not the place of education, which is of value.

Dr. Everett Flood, superintendent of Hospital for Epileptics : — As a method of encouraging scientific and medical work, it appears that the co-operation of institutions with one another may be of great benefit. This co-operation may be carried on in such a way that the

feeling of emulation would never lead to jealousy or strife. There might be severe criticisms, but all such criticisms would have a beneficial result. Another point is that of the co-operation of the medical staff of the institution with the doctors in the vicinity.

Clinics are now held in many institutions, but they are mostly for undergraduate students, and very little benefit comes from them to the general practitioner in the vicinity. Where medical students are not near, and teaching of the undergraduate type is not necessary, I see no reason why the institution may not hold a clinic at convenient intervals which will be open to any outside physician. This in itself would be a stimulation to the medical staff, a help to the completeness of records in the institution and a method of bringing about a good understanding between the hospital and the physicians near, as well as being of use to the general practitioner. We hold regular staff meetings at least twice a week, and some physicians in our vicinity have attended these meetings. They might also wish to attend autopsies or even to conduct an autopsy. This could probably be arranged for. The general clinic would very likely come at irregular intervals and not too frequently. Out of the physicians near there would probably be only a few who would be interested in our special line of work, but the fact that the institution is open to them would be a decided stimulus to the men inside the institution as well as out.

It is possible that the institution men might become the head of an organization in their own community to prevent the diseases they treat, after the pattern of the Anti-Tuberculosis Society. Such men would naturally meet a certain number of incipient cases, and could do a great amount of good, even if in a small community. The publication of at least a summary of the work at each hospital would have a stimulating effect but I had in mind only to bring forward this one point of co-operation between the medical staff of the different institutions and the physicians in each vicinity.

The twentieth semiannual conference was held at the State House on Nov. 17, 1908.

The subject of the last conference was again presented for discussion, in response to several requests, namely: How may the medical and scientific spirit be best promoted in our institutions?

The views of the different speakers as expressed at this conference were as follows :—

Dr. H. M. Quinby, superintendent of Worcester Insane Hospital:—One of the chief requisites for promoting the medical and scientific spirit in our institutions is an adequate working force. Hospitals for

the insane are unlike the great general hospitals. When we think of general hospitals the chief stress is laid upon the treatment of the patients placed under their care. When we speak of the insane hospital, however, we always speak of the care and treatment of its inmates, thereby recognizing the fact that the safety and physical well-being of the patient is of necessity the first consideration.

The patients with whom we have to do are in a measure children. All their wants, both medical and physical, have to be provided for. We are obliged to look after the housing, the clothing, the feeding, the cleanliness and the general care of the patient, as well as their medical treatment. This devolves upon the hospital a large amount of routine work, — work which must be done largely by the medical staff and which cannot be successfully delegated to subordinates.

Much of the time of the staff is daily consumed in correspondence, and, on visiting days, practically all of their time must be devoted to satisfying the demands of visitors for information in regard to the condition of their friends. These are duties which cannot be neglected or curtailed, and are duties which can only be performed by the staff.

Now the question is how shall these duties which are so largely routine and non-medical be so arranged as not to be burdensome, or consume an undue amount of the attention of the individual, or deprive him of the necessary time for his strictly medical duties.

With a small and inadequate staff the tendency always is to answer the most pressing needs first, and these are, as we have seen, the satisfying of the physical needs of the patient and the demands of friends. His medical needs are less pressing and therefore more likely to be neglected. It is essential, therefore, that the staff be sufficiently large to allow each member thereof to perform his non-medical duties and still have ample time at his disposal for his medical duties and for the study of the cases under his charge.

Given a sufficient staff, the next essential is to insist that the maximum time shall be given to the wards, and a thorough, painstaking and exhaustive study of each individual case be made and a suitable record kept thereof.

It is no simple matter to thoroughly study a case of insanity. It requires not only a knowledge of nervous diseases but a knowledge of general medicine as well. To get a clear understanding of a case of insanity it is not sufficient to have studied it from a nervous standpoint, but the person's whole medical history must be gone into, and this not only requires time, but presupposes a broad general knowledge.

This brings me to consider the equipment which it is necessary for the staff to have before they are able properly to undertake such

work, and it is here, in the matter of equipment, I think, where our principal difficulty lies.

I find that the young men who come to us on their graduation from the medical schools usually enter upon the duties assigned them with enthusiasm, but, from lack of preliminary training, they are unable to carry on any independent work. Although well grounded, as a rule, in anatomy, physiology and general medicine, they have only the most superficial knowledge of the structure of the brain and nervous system.

I was very much interested in talking not long ago with one of our bright young physicians, a man who in connection with his general practice has made a special study of pathology, and is appealed to, as an authority, in regard to such questions all over that part of the country where he practices. In lamenting his lack of knowledge of brain pathology he remarked that he had thought at one time of making a study of the anatomy of the brain, but that he was advised by his teacher in the Harvard Medical School that it was too intricate a subject to waste his time upon.

It is, indeed, an intricate subject, but one well worthy of study, and especially for any one who is to undertake the treatment of the insane, and I hope that the Harvard Medical School may soon change its attitude towards this branch of medical research, and offer something in this direction worth while to the prospective student of nervous diseases. As it is at present, however, the young men who come to us have, as I have said, but a smattering knowledge of the brain and nervous system, and we have been obliged, therefore, to open a training school, as it were, for our young physicians, and give them instruction in what are but the rudiments of the science before they can understandingly go about the work before them.

But to do really scientific work it is not enough that one should know the gross anatomy of the brain. He must have made himself familiar with its minute anatomy as well, and have followed the development of the nervous system from the lowest order of animals up to man. He should also have a working knowledge of what has been done in the way of investigation by others, in order that he may know what problems have been decided and what are still to be decided.

In this connection, I am looking forward with great interest to the coming psychopathic institution, or whatever it may be called, which the Board of Insanity is about to establish in Boston. This it seems to me will be a center from which much good will come to the older institutions, and I hope especially that it may be a center for turning out young men well grounded in the knowledge of mental science,

and for furnishing the necessary preliminary training for our assistants. I use the term preliminary advisedly, believing that this training should be given the assistant before he begins his hospital service, and not, as in the New York Institution, after he has entered upon institutional work.

Given a well-equipped staff with the necessary time at their disposal, we still need the proper conveniences for carrying on scientific work. Under this head comes the laboratory, the pathological department and instruments of precision.

It is understood, of course, that a laboratory, be it ever so complete, can never of itself make scientific men, and that a person with the true scientific spirit will do good work whatever his instruments. But the fact still remains that a proper equipment is necessary for the encouragement of the average man. Each of our hospitals, therefore, should have its laboratory, to which it can bring its own special questions for decision, and no central department can, in my opinion, supply this need.

Dr. Henry R. Stedman, trustee of the Taunton Insane Hospital:— Considering the trend that the study and treatment of mental disease is and has recently been taking, not to speak of the increasing amount of the purely pathological work of the laboratory, it seems certain that the time is fast approaching, if not actually at hand, when the medical staffs of our hospitals will have to be materially enlarged. Nowadays the clinical study of the disease and the best treatment of the patient involve a knowledge of minute details which, not so many years ago, would have been looked upon as perhaps interesting but wholly unpractical. Pains-taking examinations are now necessary to discover and make plain the patient's precise mental condition and form of disease, necessitating as it often does a verbatim record of his conversation and replies to test questions, his appearance, manner, conduct, etc., not to speak of the increased and increasing number of methods for the examination of the condition of the various organs and the analysis of the blood, the various secretions and excretions. It is minute clinical and other investigations of this nature that, as we all know, have thrown a flood of light on the true nature of the mental processes in insanity. Then, too, the personal and family disease history of our patients is gone into far more extensively than ever before, and there is room for still further work if we are to hope for reliable data for the prevention of insanity.

The most advanced work done in this country of late years in this direction, as I look at it, is the investigations of Meyer and Hoch of New York into the psychogenesis of insanity, that is, its mental and

moral causes. It has involved a close study of the intimate family history of the patient as learned from different relatives, — his mental make-up, his home and outside difficulties, his treatment by and attitude toward his family and his associates, etc. In short, just why and how his particular make-up has reacted to his surroundings and the ordinary demands of life. By such inquiries as these they are showing, among other things, that each of the main forms of insanity has its special personality or kind of mental make-up from which it is developed; that, given a certain mental organization in an individual, you can predict in the mass of cases the special kind of insanity that will develop under adverse conditions. It is easy to see the importance of such work in the acquisition of knowledge of the causation and prevention of mental disease.

Then there is the question of care and treatment. I hardly dare mention the word psychotherapy. Its nature and uses are so little understood, its application and practice in the many unskilled hands so faulty and overdone, that as a general movement it is rightly looked upon with disfavor by medical men. In its present guise we have difficulty in recognizing this important agent, which, under proper limitations, is so vitally valuable in the care and treatment of the insane, — an agent which we, as alienists, for many years have been employing in some degree as the sheet anchor in our work, waking to find these moral and psychic methods of ours now dignified by the name psychotherapy.

Nevertheless, we are forced to admit that the prevailing movement in this direction, medical as well as lay, has brought home its value in our work with renewed force, and that the influences called psychotherapeutic are perhaps insensibly becoming a larger part of our means for reaching our patients, with the result that, where formerly the so-called "suggestions" of encouragement, amusement, occupation, change, etc., were directed toward the mass, they are now employed far more often and directly to the individual. Progress in this direction therefore means an immense amount of work with the individual case — acute or chronic — for his cure, improvement or comfort in life; and it is in insanity, — a disease of the personality, — more than in any other department of medicine, that thorough knowledge of the individual in health and disease counts. Under these conditions it seems plain that the medical staff of our hospitals will require to be materially enlarged and better paid if the best work is to be done by the most capable men through these methods, which, laborious as they are, are more likely than any other to produce the best results.

Another way in which, as it seems to me, the medical and scientific spirit may be encouraged in our hospitals is in the establishment of

closer relations with outside physicians. A practical step in this helpful direction would be the practice of holding every year at each of our State hospitals a meeting of the medical society of the district in which it is situated, as a regular custom. At such meetings clinics could be conducted by the members of the staff, followed by refreshments and social intercourse. In this way the bonds of professional fellowship between the hospital physician and the general practitioner would be strengthened, the general physician would receive valuable instruction in psychiatry, which he sorely needs and would welcome, and the attitude of the community toward the hospitals would tend, through his influence and personal knowledge of the medical work done in our institutions, and the way in which they are conducted, to become more friendly and appreciative. This has been done in one or two of our hospitals occasionally and irregularly. Could it not profitably be made a regular annual custom with all?

Dr. John H. Nichols, superintendent of State Hospital :—The medical and scientific spirit exists, I believe, upon a much higher plane in our institutions, as a rule, than is the case in the average general practice of medicine. If it were not so Massachusetts and her institutions would not be accorded the recognition which has been received for so many years at conventions and by delegations considering the different phases of institution work. There is no question, however, but that the medical and scientific spirit can be and should be promoted to a much greater extent than at present, but this must be directly through the activities of the assistant physicians. Where there are a number of physicians associated in the same kind of work and depending upon one another for companionship, they are constantly comparing their experiences, or discussing some new article, record, sign, symptom, or reaction, and are keeping each other upon the alert and progressing along the improved lines of thought and practice.

In making their records acceptable, a knowledge and practice along the best scientific lines are necessary, and with the laboratories, libraries, apparatus and appliances which are usually to be had, it is easier for the hospital men to keep up to these standards than others. However, they cannot accomplish all that they might desire unless there is a very liberal policy existing between them and their work, and many men who are capable and willing to exert themselves along the higher lines of work still often need much careful direction and encouragement.

Most of the medical men come to us when they are young and just from the schools, and at that time it is possible to make a good deal out of them and gain much from them by giving them careful con-

sideration, or, in other cases, to let young men of ability and promise become indifferent and of very much diminished value in institution work if there is a lack of the proper amount of consideration on our part. In the beginning, if they are spurred on to ever-increasing activities in studies and research, it is marvellous what can be obtained from them, but we should be generous in our policy toward our assistants.

Every hospital of over three hundred patients, or with more than two physicians, should, I believe, have a good laboratory, a good library, a liberal amount of modern appliances, instruments and apparatus. I think that in many of our hospitals too small a proportion of the expenditures goes to this part of the work. We should plan the work so that the physicians should have an ample amount of time in which they would be expected to follow out some scientific experimentation or compilation, and yet not interfere with their regular ward duties or visits or time for rest or recreation. We are inclined to give our physicians too many patients to care for, too many ward visits, too many new cases to examine each day, too many records to keep and too much time on duty to get the very best out of them. These young men need to have plenty of time for athletic exercise and recreation; they need to have plenty of time to go to the city or to enter the social world; they need to have vacations; and they should be directed and encouraged and made to put more intensity into their work while they are at it. They should not be required to spend so many hours on duty. Business men spend not more than one-third of the twenty-four hours at their desks; teachers do not spend more than one-third of the time at their schools; scientists and specialists usually spend the smaller portion of the day in their laboratories or their clinics, and mechanics and laborers spend only eight hours at their work. I do not believe that physicians and others looking after those who are mentally and physically sick should be required to be on duty twelve, sixteen or twenty-four hours in our hospitals, and kept away from social, family and outside influences year in and year out, if we want them to become the scientific leaders in their profession which we would wish them to be, and which would be possible in many more cases than can be found to-day.

A great handicap to the general practice of medicine rather than to special practice is that the general practitioner has to be continuously at work, and is deprived nearly all of the time of opportunity for study, of vacations, recreations and other diversions. Many of the hospital men are handicapped in the same way.

We should be more liberal toward our men when they start out,

and until they get their habits of diligence thoroughly established. After they are older they will put in hours and hours more than we could possibly require of them if we get them started along some line of research or experimentation in which they show special interest and aptitude and willingness to direct their energies. They should have plenty of associates in medical thought and work, and we should pay them more liberal salaries if we wish to retain the best ones of them. What other profession or business pays so small a salary after so many years schooling and training as is being paid to the average assistant physician in the public institutions of this State? It is generally three years before they get \$1,000 salary, and only a small proportion of them have their salaries advanced beyond that point for a long while; consequently a great proportion of our men decide to engage in private practice, or to accept some other position where they can earn more. I would hazard the guess that not more than one-half of the assistant physicians to-day are getting more than one afternoon a week and one Saturday and Sunday each month, and that they are actually on duty from seven o'clock in the morning until eleven o'clock at night, although I may be in error. They are given one room, which is their living room, sleeping room, private office and reception room combined. What other successful professional or business man would not have more extensive apartments, and, if not a family man, be out to meetings, clubs or entertainments or social pursuits during at least three or four evenings a week? There ought to be a sufficient number of physicians to share the responsibilities so that each one could have far greater liberty than is now generally possible. And it should not always be so that if one of our brilliant young men wishes to become married he should be obliged to give up his relations to the hospital; they should be allowed to live in the institutions with their families.

Such confining work as is theirs should be interspersed with more frequent or longer vacations if we want to get the best out of them. Two weeks a year are not enough; four are not too many for a vacation. There are, however, many who, under all these hardships, decide to remain and make hospital interests their life work, and give all their time and energy for the benefit of the hospital and State. No other men so literally give all their time as many of our hospital physicians, and yet they are not paid enough so that they can lay up more than the smallest amount of money after meeting the financial obligations which come to the average man. If they give so much time and in turn receive so little, why should they not be allowed Sabbatical years in which to travel without loss of salary, provided

that they should be required during that year to pursue a prescribed amount of study, research and investigation along some line in which they have been especially directing their attention. Would not this stimulate their interest, and make abler and more contented men, and bring to the institutions the scientific advancement for which we are calling?

It might be well to encourage greater activities in the association of assistant physicians; to have them meet at least once in two weeks through the greater part of the year, on a regular day, here in some room in the State House or elsewhere, and have a carefully arranged program for a series of lectures, discussions and reports, and for us to make a practice of allowing half of our staff each time to attend these meetings, and expect them there to take an active part.

I believe every institution should have its own laboratory, and that along with the greater activities in the laboratory will run greater efficiency in work and more scientific medical practice; yet I think that greater good for the whole State might be gained if we should co-operate more with the other laboratories, and that under wise direction we could all be made to contribute something important along slightly varying lines rather than having it as at present, where many laboratories are duplicating the work of some others.

There are hospitals outside of those in the group of the Board of Insanity, — institutions, with physicians and laboratories, following along the lines of medical research and practice particular to their branch of the subject. Much of their interest might be wisely shared by us, and many of our interests would be appreciated by them. The State Board of Health, with the national and world-wide reputation of its laboratories and its men, are exerting great energies along lines of interest and importance to all of our institutions.

In the wisdom of the Legislature it has seemed best to separate what was once one large Board into three divisions, health, lunacy and charity, in order that they might carry out to greater perfection the matters of their special interest. But there is one interest that belongs to these three branches to an equal degree, — the scientific study of matters pertaining to health and the practice of medicine, — and as they are all departments of the Commonwealth, and interested in many of the same subjects, could not a great deal more be accomplished in work and discussion of the various matters of health and medical science if all of these institutions and departments could get together and co-operate with one another?

The three large medical schools in Boston are all equipped with fine laboratories, and are great scientific centers, directed by men

who are foremost in medical and scientific matters. These schools are exempted from taxation by the Commonwealth. By the law of the Commonwealth its institutions supply them with certain laboratory material. Would it not be possible to make some arrangement whereby the State's physicians should be, *ex officio*, granted special courtesies and privileges in these laboratories? It is now necessary for them to hire laboratory privileges in private institutions in order that they may come in contact occasionally with further expert opinion. In further return for privileges granted by the medical schools it seems to me as if some special clinical advantages might be offered the students in small classes for short periods, and if we could take on regular duties in this line of work, directed by the professors or instructors at these schools, this one thing more than anything else would have a tendency to keep our men up to the highest point of knowledge and efficiency in regard to their particular line of work, and would be the greatest possible influence in promoting the medical and scientific spirit in our public institutions.

Dr. E. Stanley Abbot, first assistant physician, McLean Hospital : — The scientific spirit is that which leads men to get at exact facts in the special fields of knowledge in which they are interested, and to try to interpret these facts. Most men have a little of this spirit. In a few it is very strongly developed. Those in whom it is strongly developed, who are our geniuses, will work under the most adverse conditions; but the average person will work only under favorable conditions. Under such conditions, however, it can be stimulated in those in whom it is only moderately developed. Where these conditions are lacking it cannot be developed.

To McLean Hospital there come many visitors to look over the institution, and I heard one superintendent say, "Why should I or my assistants collect data for somebody else to use and get the credit of by and by?" Where that attitude exists at the head of an institution, scientific work is impossible, unless there happens to come a genius to that hospital. So it seems to me that in order to encourage the scientific spirit it is essential that from the superintendent down there should be active interest and encouragement in the promotion of scientific work.

Now, practically, what can we do? It has been suggested that we need to know a lot about the anatomy of the brain. That is, after all, not so important at present. What we do need to know is the way in which people, sane or insane, react to their environments, and one may do that without such a great amount of knowledge of the anatomy of the brain. In those text-books on insanity in which one or more

chapters are devoted to descriptions of the anatomy of the brain, these chapters make little or no contribution to our knowledge of psychiatry; in those text-books which do not have such chapters they are not missed. It seems to have been thought that laboratory work was the only kind of scientific work, whereas the clinical observation and investigation of the living patient can be just as scientific as laboratory investigations. In fact, it is such careful clinical work that renders the subsequent laboratory work of value. The feeling that laboratory work was the only scientific work has been responsible for unnecessary outlay of money and energy in the establishment of laboratories before we were in a position to profit by what they could teach.

What has contributed most to the development of the scientific spirit and interest at the McLean Hospital was the getting in of a man who had that spirit, who, starting in with laboratory work, soon found that that was not so much needed as the study of the patient himself in his reaction to his environment. So he went into the wards and studied the patient, and told the rest of us what he found; he devised special tests, creating definite conditions of environment for the patient to react to; and he showed us what to look for, and how to look for it, so that we learned more intimately the clinical symptoms of our patients while they were alive, and did not wait until they were dead to study their brains alone. This increased our knowledge and our interest, and it seems to me that the introduction into each hospital of one man with a fair training in that sort of work, who would be free from executive responsibility and cares, who would give his time to the study of cases, who would train the juniors in case taking and in the observation of cases, and into whose care would be put the responsibility for the records, would do more to stimulate the scientific spirit in the staff than almost any other one thing.

Such a man should have a position and a salary equivalent to that of at least a first or second assistant physician, with the title of clinical assistant. If he had also a junior assistant who would accompany him and help him take notes and make observations it would add a great deal. But any hospital can start in that way with one assistant at a salary of perhaps \$1,000 a year (I think such a man ought to get at least that), and a junior assistant at a salary of at least \$600 or \$700 a year, and a stenographer and typewriter who could help in writing the records, so that the more highly paid individuals would not have to do the mechanical work of mere writing of records. This would markedly increase the interest in the clinical study of patients.

Then, when a well-observed patient died, the interest would be very great to study the pathological findings in the laboratory, and a laboratory sufficiently equipped to do that will suffice for the immediate

needs of the hospital. As the scientific interest grows, the need for the laboratory should grow. It seems to me that is the normal way of growing. It would not be so very expensive. It does not mean a large outlay for laboratory equipment and maintenance.

I agree with Dr. Nichols, that the larger the staff the better, since more individual attention can be given by the assistants to the cases. But the knowledge brought to the other assistants by this clinical assistant will supplement their work a great deal, and do for them what they have not time to do themselves.

As Dr. Quinby says, the higher assistants necessarily do a great deal of the routine and executive work, and so have little time for detailed clinical observations.

Dr. Stedman spoke of each hospital having the county medical society meet once a year in the hospital. In central Indiana the hospital has done more than that. Its staff gives a course of a dozen or more lectures to all physicians of the neighborhood who may wish to come. This is open to them free of charge. The lectures are accompanied by illustrations and clinical demonstrations. This stimulates the interest of the staff as well. This hospital is also fortunate in having a medical college near by whose staff gives certain lectures to the students, using the material of the hospital; and the pathologist of the hospital also gives lectures to the students. The members of the staff present cases. That increases the interest. I think the work there would be even more enhanced if they had a clinical assistant such as I have mentioned. The diagnoses and the clinical reports of cases indicate the need of such a man.

Dr. William N. Bullard, trustee of Massachusetts Hospital for Epileptics :—The true difficulty in the way of the best research work in our State hospitals has lain in the character of the duties ordinarily demanded of the assistant physicians. The previous generation of superintendents were forced by circumstances to devote themselves very largely to administrative work, to the care of the finances of their institutions and to problems of building and farming. Thus they were led far away from clinical investigation. The present generation has been naturally influenced by their predecessors.

It is necessary that there should be a definite separation between the research officers on the one hand and the officers charged with administrative and routine clinical duties on the other. Each have their proper place in the hospital. Neither can do properly the duties of the other. This separation or division of duties seems to me the first step toward the production of thorough scientific research work in the State hospitals.

Mrs. Sarah D. Fiske, trustee of State Hospital and State Farm:— There is one side of this work that has not been touched upon as yet which to me seems very important in promoting the medical and scientific spirit in our institutions, and may I add, the world at large. I refer to the printing of books upon medical and scientific subjects, and upon the work along these lines that is being done by physicians upon new ways and methods in the diagnosis and treatment of disease.

Many people feel, though they would hardly like to acknowledge it, that there is much to be said in favor of the new way of treating diseases through the influence of the mind. The study of the mind seems very necessary in the examination of our cases, and its condition and its effect upon the physical health are very important facts for the physicians to know.

I feel that many physicians during my long life have retained valuable information with regard to disease which they have been unwilling to give to the general public, fearing that it might make a difference in the number of their patients, their recompense and the size of their pocketbooks when they were old.

I am much pleased to see the co-operation that seems to exist now between our physicians and ourselves as patients, and the information which they are willing to give us. Many physicians have taken up important studies which they have put into book form, that may be read and circulated, thus exciting interest in others.

It was my good fortune to be present at a meeting of the women's alliance at the Church of the Disciples. They had for the topic of the day the four early chapters of the book on "Brain and Personality," by Dr. W. Hanna Thompson, and his research was most important. He cited one patient whose left side had been paralyzed for ten years, till he died. His speech was perfectly normal, reading good, memory unaffected, and no sign of mental weakness. The different phases of his condition were very particularly noted. He was cheerful and thoughtful of others. At the time of his death it was found that one whole side of his brain had been destroyed by a cyst.

It seems that on this line of scientific work people are not jealous, are not selfish, and it is bringing a great deal of help to our institutions, towards caring for the patients, giving a better understanding of disease, and the knowledge of better methods in dealing with them.

I agree very fully with what Dr. Quinby said with regard to the study of our patients in the institutions by experts or trained persons. To them everything is important, and sometimes it is a very simple thing apparently that to the trained eye or ear gives the clue to the whole trouble. When the great benefit to physicians and others is

better known and understood, and the help it is in the care of others, often to members of the same family, from operations, post-mortem examinations and autopsies, many more can be made, especially of those "blind cases," which puzzle and baffle the practitioner.

Dr. John A. Houston, superintendent of Northampton State Hospital: — I agree with much of what has already been said. I think it desirable that every physician who comes to a hospital should be well educated for the treatment of diseases in general, and equipped for the study of nervous and mental diseases. They do not necessarily need to have had previous experience, but they should have some theoretical knowledge of the subject and be able to pursue such studies.

The limitations of existing conditions are such that it is largely a matter of chance that determines who shall be our assistants. They accept positions in these hospitals, not so much because of special interest in this branch of medicine as to gain a little more experience, perhaps, or to get a little capital so that they may later take up the general practice of medicine. Such as find by experience that they have a liking or aptitude for the work remain in the service. Many assistant physicians have entered our State hospitals to remain but a few years. They either did not care for the work or were not adapted to continue it.

The work is of a practical nature. The care of patients involves more than the medical or scientific treatment of them, as Dr. Quinby well put it. Our first duty is to the patients who are there, and to those who come to us every day, and to their relatives and friends. We should help them to get well as soon as possible, or to get into the most comfortable condition possible and as rapidly as may be. This means more than the medical treatment of them, as Dr. Quinby says; it includes the regulation of their daily life, their employment, exercise, amusement and diversion and that sort of thing. This is a duty which cannot devolve upon other officers than the medical man.

I do not quite agree with Dr. Bullard that there should be two sets of medical men in our State institutions. The staff of physicians should have one man better equipped than the others to direct the scientific work, but his work should not be solely in some laboratory. He should know the patients he is teaching about, and to do this must have work not unlike the other assistant physicians. He should have the directing of the scientific work of the others. Under his direction they could have stated periods for studying their cases, according to the present practice in many of the hospitals.

To secure such men the positions must be made more attractive than they now are. Their manner of living and their salaries must be made

more of an inducement. At present many of our assistant physicians, who have spent years in study to prepare for this work, are receiving salaries less than are paid to turnkeys at the State Prison.

I believe each hospital should have a laboratory, and cannot conceive of a proper performance of its work without one, but I do not believe that each institution of three hundred patients or more should have a laboratory for the study of deep psychological problems. Money and effort are wasted if this State attempts to do half-hearted work in each of fourteen or fifteen institutions. The effort should be concentrated at one central station somewhere, either by itself, or, preferably, as I said some years ago in one of my annual reports, at some institution where the work has already been carried on. I then had the Worcester Hospital in mind. I should now think the best place for such work would be at the new hospital which is soon to be built for the care and study of acute cases.

My idea is that wherever this pathological station is located (and it should be where clinical material is easily accessible), the best equipped men possible for the service should be employed. Our assistant physicians should have the opportunity of going there, not for stated meetings, but to remain there for several weeks or two or three months at a time, in special study.

Dr. Edward French, superintendent of Medfield Insane Asylum:—About all the speakers have spoken from the hospital standpoint. I am connected with an asylum where our patients are presumably chronic.

I think Dr. Houston's suggestion applies better to the three asylums of the State than the ideas of some of the previous speakers.

It is presumable that our clinical material is of much less interest in the asylum than in the hospital, and the central bureau which would serve the three institutions for chronic patients, it seems to me, would be more practical and less expensive, and give almost as much interest as it would to establish a pathological bureau at each one of the asylums.

Dr. Owen Copp, executive officer, State Board of Insanity:—I am pleased and greatly encouraged by the unanimity of sentiment in this discussion. Evidently we have all thought out the subject in its different aspects and are seeking the same end, towards which we are willing to work together.

Emphasis should be put on Dr. Quinby's remarks on the importance of an adequate medical staff. He lays stress upon the need of adequacy in number and special training of the men, but I would go farther, and advocate the creation of more favorable conditions of work.

The early State hospitals were small. Worcester opened with less than 200 beds; Boston with 100; Taunton and Northampton with 250. It was nearly fifty years before the new Worcester and Danvers hospitals opened, each with 600 beds; then Medfield with 1,000, and now a metropolitan institution is proposed for 2,000 or more. The progressive growth of public institutions is universal and inevitable.

In consequence, radical changes in conditions have gradually supervened. In the small hospital, administrative, medical and scientific duties were properly centered in one and the same person, with excellent results. Together their scope was within the capacity of one man. In the great modern institution, however, administrative demands absorb the attention and exhaust the energies of the superintendent. He has no choice in the matter. Business details must receive attention, even if medical and scientific requirements are subordinated and the treatment of patients given over to the less experienced assistants. The superintendent deplures the necessity. He cannot, as a rule, control the conditions which compel him to yield to it.

Measures of relief, however, have not been neglected. Some years ago the initial steps were taken to establish the medical and scientific work on a broader foundation. In most of our hospitals special men have been appointed who have given their attention, without distraction of administrative duties, to the study of pathology of insanity, research in the laboratory and the clinical observation of patients on the wards to an increasing extent. They have quickened the medical and scientific spirit, and done much to elevate medical standards in our hospitals. They have not, however, been placed in charge of wards and the treatment of patients.

Although the purely research and laboratory worker will always remain, it would seem desirable that some of these men, after thorough training in the laboratory and in psychiatry, should become clinicians, and contribute to the betterment of methods of treatment of patients.

This would necessitate the change in conditions of work to which I refer. In some proper way the higher medical and scientific work must be freed from administrative requirements. This can best be done I think, in the small reception hospital, which might receive all patients for first care and examination, but retain only suitable cases for study and treatment, mainly acute and curable patients. Thus would be re-established the conditions of the small hospital, where the physician could give primary attention to medical duties and the treatment and cure of his patients.

Dr. Herbert B. Howard, chairman, State Board of Insanity:—

There is one thing in connection with the subject to-day to which I would like to call attention. I think it is possible that, with the emphasis on the scientific, the laboratory side, the practical part of the work be still kept to a high grade; that we should not slip a cog on the practical side of caring for the patient. No institution is excused for less careful administrative work simply because their scientific work is going on; the practical side should progress with it; new ideas should be developed there as well as on the laboratory side. The laboratory side will stimulate in certain directions, but the executive side also should be stimulated to keep up a high grade of work.

FINANCIAL STATISTICS.

TABLE I. — *Statistical Form for State Institutions, — Prepared in Accordance with a Resolution of the National Conference of Charities and Corrections, adopted May 15, 1906.*

INSTITUTIONS.		SUPERINTENDENTS.		POPULATION.																	
				Number of Inmates present at Beginning of Fiscal Year.			Number received during the Year.			Number discharged or died during the Year.			Number at End of the Fiscal Year.			Daily Average Attendance during the Year.			Average Number of Officers and Employees during the Year.		
				M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
Worcester Insane Hospital,	Hosea M. Quinby, M.D.,	584	576	1,160	354	300	654	332	266	598	606	610	1,216	589	600	1,189	137	133	270		
Taunton Insane Hospital,	Arthur V. Goss, M.D.,	490	424	914	311	229	550	307	255	562	494	408	902	509	424	933	114	124	238		
Northampton State Hospital,	John A. Houston, M.D.,	361	365	726	187	185	372	117	152	269	431	398	829	393	395	788	82	68	150		
Danvers Insane Hospital,	Charles W. Page, M.D.,	543	712	1,255	421	378	799	368	300	668	596	790	1,386	580	756	1,336	141	110	251		
Westborough Insane Hospital,	George S. Adams, M.D.,	354	530	884	252	372	624	266	331	597	340	571	911	366	555	921	122	130	252		
Worcester Insane Asylum,	Ernest V. Scribner, M.D.,	469	506	975	57	78	135	38	37	75	488	547	1,035	474	513	987	130	66	196		
Medfield Insane Asylum,	Edward French, M.D.,	538	911	1,449	111	85	196	30	46	76	619	950	1,569	554	922	1,476	156	176	332		
State Colony for the Insane,	Chas. E. Thompson, M.D.,	311	151	462	81	39	120	27	13	40	365	177	542	345	170	515	59	32	91		
Hospital for Epileptics,	Everett Flood, M.D.,	332	268	570	170	112	282	92	74	166	380	306	686	344	294	638	83	67	150		
Westborough State Hospital,	Irwin H. Neff, M.D.,	268	-	268	560	-	560	529	-	529	299	-	299	289	-	289	62	6	68		
School for the Feeble-minded,	Walter E. Fernald, M.D.,	703	515	1,218	184	89	273	143	65	208	744	539	1,283	713	519	1,232	89	159	248		
Wrentham State School,	George L. Wallace, M.D.,	10	10	45	45	-	45	6	-	6	49	-	49	33	-	33	5	6	11		
Totals,		4,933	4,958	9,891	2,733	1,877	4,610	2,255	1,639	3,794	5,411	5,296	10,707	5,189	5,148	10,337	1,180	1,077	2,257		

STATISTICAL FORM FOR STATE INSTITUTIONS.

Statistical Form for State Institutions — Concluded.

INSTITUTIONS.	EXPENDED.						New Buildings, Permanent Improve-ments, Land, etc.	Grand Totals.
	CURRENT EXPENSES.							
	Salaries and Wages.	Clothing.	Subsistence.	Ordinary Repairs.	Office, Domestic and Out-door Expenses.	Totals.		
Worcester Insane Hospital,	\$104,967 81	\$11,858 33	\$85,583 40	\$13,401 84	\$71,929 07	\$287,740 45	\$8,265 61	\$296,006 06
Taunton Insane Hospital,	86,143 09	6,134 32	60,510 78	13,839 79	62,162 28	225,790 26	1,258 14	230,048 40
Northampton State Hospital,	63,372 32	5,005 87	41,324 74	6,135 03	43,162 04	159,000 00	15,070 50	174,070 50
Danvers Insane Hospital,	100,635 00	11,776 47	62,313 53	18,277 46	78,383 03	280,385 49	32,759 17	313,144 66
Westborough Insane Hospital,	99,667 84	6,168 51	50,255 51	10,735 54	66,008 29	241,835 69	43,300 84	285,136 53
Worcester Insane Asylum,	85,974 69	10,882 98	47,495 07	10,712 79	55,934 46	210,999 99	43,931 95	254,931 94
Medfield Insane Asylum,	125,951 61	18,864 70	79,826 60	15,894 46	80,388 56	320,925 93	12,269 79	333,195 72
State Colony for the Insane,	36,479 07	5,064 32	23,138 83	6,688 47	27,694 81	99,065 50	20,991 33	120,056 83
Hospital for Epileptics,	61,485 55	4,425 94	32,046 68	8,937 50	42,080 95	148,996 62	24,636 86	173,633 48
Foxborough State Hospital,	29,244 19	2,927 53	20,763 03	5,935 43	36,129 82	95,000 00	9,788 00	104,788 00
School for the Feeble minded,	93,144 03	10,359 51	60,016 61	15,284 45	60,655 46	239,460 96	63,472 01	302,932 97
Wrentham State School,	5,860 25	537 98	2,249 81	1,415 56	4,467 16	14,530 76	39,605 96	54,136 72
Totals,	\$901,926 35	\$94,006 46	\$574,624 59	\$127,278 32	\$628,495 93	\$2,326,731 65	\$315,350 16	\$2,642,081 81

FINANCIAL SUMMARY.

TABLE II. — *Financial Summary for the Year ending Nov. 30, 1908.*

INSTITUTIONS.	Gross Resources at Beginning of Fiscal Year.	INCREASE IN RESOURCES DURING YEAR.		APPROPRIATIONS.		Receipts from All Sources except State Treasurer.	Totals.
		Addition to Quantity.	Appreciation in Value.	Maintenance.	Special.		
Insane hospitals: —							
Worcester,	\$1,800,488 82	\$5,842 95	\$18,108 62	\$270,000 00	\$50,000 00	\$69,679 74	\$2,214,120 13
Taunton,	788,304 19	7,213 25	33,475 00	228,850 00	2,400 00	34,892 09	1,095,134 53
Norhampton,	874,745 66	2,604 73	18,521 25	159,000 00	—	46,485 86	1,101,357 50
Danvers,	1,911,260 14	27,436 34	26,300 00	285,000 00	1,250 00	61,965 74	2,313,212 22
Westborough,	918,578 26	42,703 49	408 44	245,880 00	26,675 00	67,932 07	1,302,177 26
Totals,	\$6,293,377 07	\$85,800 76	\$96,813 31	\$1,188,730 00	\$80,325 00	\$280,955 50	\$8,026,001 64
Insane asylums: —							
Worcester,	\$913,486 98	\$42,163 64	\$51,838 09	\$211,000 00	\$62,900 00	\$5,202 08	\$1,286,590 79
Nedfield,	1,720,712 60	—	57,967 21	327,200 00	13,200 00	9,550 16	2,128,629 97
State Colony,	502,316 28	97,386 70	—	105,000 00	22,000 00	1,203 21	727,906 19
Totals,	\$3,136,515 86	\$139,550 34	\$109,805 30	\$643,200 00	\$98,100 00	\$15,955 45	\$4,143,126 95
Hospitals and asylums,	\$9,429,892 93	\$225,351 10	\$206,618 61	\$1,831,930 00	\$178,425 00	\$296,910 95	\$12,169,128 59
Miscellaneous: —							
Hospital for Epileptics,	\$705,710 80	\$30,755 37	\$1,700 00	\$149,000 00	\$13,000 00	\$51,280 60	\$951,446 77
Foxborough State Hospital,	375,873 98	26,058 56	32,893 62	95,000 00	—	14,652 91	544,478 47
School for Feeble-minded,	966,321 96	72,905 87	2,459 20	1,248,632 78	—	96,630 45	1,386,950 26
Wrentham State School,	66,902 15	50,719 11	—	21,000 00	172,800 00	718 96	312,140 22
Totals,	\$2,114,808 89	\$180,438 91	\$37,052 22	\$513,632 78	\$185,800 00	\$163,282 92	\$3,193,015 72
Aggregates,	\$11,544,701 82	\$405,790 01	\$243,670 83	\$2,345,562 78	\$364,225 00	\$460,193 87	\$15,364,144 31

1 Includes sewage disposal.

FINANCIAL SUMMARY.

TABLE II. — *Financial Summary for the Year ending Nov. 30, 1908* — Concluded.

INSTITUTIONS.	Gross Resources at End of Fiscal Year.	DECREASE IN RE-SOURCES.		EXPENDITURES.		Deficiency, Maintenance.	Money remitted to State Treasurer from Receipts.	Reverted Balances.	Totals.
		Decrease in Quantity.	Depreciation in Value.	Maintenance.	Special.				
Insane hospitals:—									
Worcester,	\$1,821,873 42	\$3,161 53	\$5,658 93	\$287,740 45	\$8,265 61	\$17,740 45	\$69,679 74	—	\$2,214,120 13
Taunton,	827,877 99	1,649 10	666 95	228,790 26	1,258 14	—	34,892 09	—	1,095,134 53
Northampton,	870,578 09	10,218 28	—	159,000 00	15,070 50	—	46,485 86	\$4 77	1,101,357 50
Danvers,	1,916,847 39	14,184 38	6,837 50	280,385 49	32,759 17	—	61,965 74	232 46	2,313,212 22
Westborough,	945,992 36	1,219 22	1,897 08	241,835 69	43,360 84	—	67,932 07	..	1,302,177 26
Totals,	\$6,383,169 25	\$30,432 51	\$15,060 55	\$1,197,751 89	\$100,654 26	\$17,740 45	\$280,955 50	\$237 23	\$8,026,001 64
Insane asylums:—									
Worcester,	\$1,024,561 66	\$1,452 21	—	\$211,000 00	\$43,931 95	—	\$5,202 08	\$442 89	\$1,286,590 79
Nedfield,	1,782,802 62	2,971 50	—	320,325 93	12,269 79	—	9,550 16	109 97	2,128,629 97
State Colony,	537,595 70	69,047 90	—	99,065 50	20,991 33	—	1,203 21	2 55	727,906 19
Totals,	\$3,344,959 98	\$73,471 61	—	\$630,391 43	\$77,193 07	—	\$15,955 45	\$555 41	\$4,143,126 95
Hospitals and asylums,	\$9,738,129 23	\$103,904 12	\$15,060 55	\$1,828,743 32	\$177,847 33	\$17,740 45	\$206,910 95	\$792 64	\$12,169,128 59
Miscellaneous:—									
Hospital for Epileptics,	\$710,990 13	\$15,068 82	\$473 74	\$148,996 62	\$24,636 86	—	\$51,280 60	—	\$951,446 77
Foxborough State Hospital, . . .	416,470 07	3,619 71	4,947 78	95,000 00	9,788 00	—	14,662 91	—	544,478 47
School for Feeble-minded,	979,778 80	4,784 68	2,823 36	239,460 93 ¹	63,472 01	—	96,630 45	—	1,386,950 26
Wrentham State School,	257,154 52	128 22	—	14,532 56	39,605 96	—	718 96	—	312,140 22
Totals,	\$2,364,393 52	\$29,601 43	\$8,244 88	\$497,990 14	\$137,502 83	—	\$163,282 92	—	\$8,195,015 72
Aggregates,	\$12,092,522 75	\$127,505 55	\$29,305 43	\$2,326,733 46	\$315,350 16	\$17,740 45	\$400,193 87	\$792 64	\$15,364,144 31

¹ Includes sewage disposal.

INVENTORY OF REAL ESTATE.

TABLE III. — *Inventory of Real Estate, Nov. 30, 1908.*

INSTITUTIONS.	LAND.										Totals.
	Acres.	GROUNDS AND BUILD- ING SITES.		WOODLAND.		MOWING AND TILLAGE.		PASTURE.			
		Acres.	Value.	Acres.	Value.	Acres.	Value.	Acres.	Value.		
Insane hospitals:—											
Worcester,	409.50	— 1	— 1	— 1	— 1	— 1	— 1	— 1	— 1	— 1	\$154,000 00
Taunton,	333.00	20.00	\$5,000 00	50.00	\$10,000 00	200.00	\$30,000 00	63.00	\$7,875 00	52,875 00	
Northampton,	511.00	23.00	— 1	93.00	— 1	210.00	— 1	185.00	— 1	— 1	56,900 00
Danvers,	509.00	26.00	30,200 00	40.00	1,000 00	249.00	37,350 00	194.00	4,850 00	74,000 00	
Westborough,	708.00	68.00	13,600 00	179.00	8,520 00	247.00	23,450 00	214.00	5,880 00	51,450 00	
Totals,	2,470.50	—	—	—	—	—	—	—	—	—	\$380,225 00
Insane asylums:—											
Worcester,	749.39	11.13	\$193,800 00	280.00	\$7,000 00	273.04	\$10,921 60	185.22	\$4,630 50	216,352 10	
Medfield,	441.20	75.00	40,000 00	242.70	3,000 00	107.00	2,600 00	16.50	400 00	46,000 00	
State Colony,	1,589.51	27.00	931 50	707.51	16,272 25	159.00	2,742 25	636.00	6,854 00	26,800 00	
Totals,	2,780.10	113.13	\$234,731 50	1,230.21	\$26,272 25	539.04	\$16,263 85	897.72	\$11,884 50	\$280,152 10	
Hospitals and asylums,	5,250.60	—	—	—	—	—	—	—	—	\$678,377 10	
Miscellaneous:—											
Hospital for Epileptics,	668.00 ²	50.00	\$4,875 00	261.00	\$5,415 00	156.00	\$15,255 00	191.00	\$5,642 00	\$31,187 00	
Foxborough State Hospital,	103.31	20.00	6,000 00	20.50	4,100 00	55.81	11,160 00	7.00	700 00	21,360 00	
School for Feeble-minded,	1,825.98	54.00	16,353 00	1,366.00	27,503 00	303.98	25,806 00	100.00	2,000 00	72,262 00	
Wrentham State School,	450.00	—	—	200.00	12,000 00	30.00	3,000 00	220.00	11,000 00	26,000 00	
Totals,	3,047.29	124.00	\$27,828 00	1,847.50	\$49,018 00	547.79	\$55,221 00	518.00	\$19,342 00	\$151,409 00	
Aggregates,	8,297.89	—	—	—	—	—	—	—	—	\$829,786 10	
State Hospital, ³	—	—	—	—	—	—	—	—	—	\$19,142 38	
State Farm, ³	—	—	—	—	—	—	—	—	—	\$17,915 45	

¹ Data for divisions not available.² Includes 10 acres of quarry.³ Department for insane pro rata.

INVENTORY OF REAL ESTATE.

TABLE III. — *Inventory of Real Estate* — Continued.

INSTITUTIONS.	BUILDINGS.				
	Patients.	Nurses.	Farm, Stable and Grounds.	Miscellaneous.	Totals.
Insane hospitals:—					
Worcester,	\$1,234,282 38	\$100,000 00	\$74,247 28	\$500 00	\$1,409,029 66
Taunton,	332,000 00	86,300 00	51,100 00	40,200 00	569,600 00
Northampton,	616,619 86	—	36,000 00	33,689 80	686,309 66
Danvers,	1,501,250 00	14,500 00	35,250 00	38,400 00	1,589,400 00
Westborough,	563,200 00	37,000 00	20,035 00	47,440 00	667,675 00
Totals,	\$4,307,352 24	\$237,800 00	\$216,632 28	\$160,229 80	\$4,922,014 32
Insane asylums:—					
Worcester,	\$565,100 00	—	\$11,850 00	\$13,641 65	\$590,591 65
Medfield,	828,450 97	—	63,087 00	307,953 55	1,304,491 52
State Colony,	214,232 40	—	25,332 85	115,936 88	355,502 13
Totals,	\$1,607,783 37	\$105,000 00	\$100,269 85	\$437,532 08	\$2,250,585 30
Hospitals and asylums,	\$5,915,135 61	\$342,800 00	\$316,902 13	\$597,761 88	\$7,172,599 62
Miscellaneous:—					
Hospital for Epileptics,	\$341,602 87	\$18,853 83	\$36,150 54	\$62,597 00	\$459,204 24
Foxborough State Hospital,	150,000 00	—	8,650 00	93,025 00	251,675 00
School for feeble-minded,	406,614 10	68,000 00	30,857 00	160,373 00	665,874 10
Wrentham State School,	26,718 40	—	15,100 00	13,263 64	55,082 04
Totals,	\$924,965 37	\$86,853 83	\$90,757 54	\$320,258 64	\$1,431,835 38
Aggregates,	\$6,840,100 98	\$429,653 83	\$407,659 67	\$927,020 52	\$8,604,435 00
State Hospital, ¹	—	—	—	—	\$319,543 35
State Farm, ¹	—	—	—	—	\$251,345 45

¹ Department for insane pro rata.

INVENTORY OF REAL ESTATE.

TABLE III. — *Inventory of Real Estate* — Concluded.

INSTITUTIONS.	BETTERMENTS.				Totals.	Aggregates.
	Water System and Appurtenances.	Drainage System and Appurtenances.	Lighting System and Appurtenances.	Miscellaneous.		
Insane hospitals:—						
Worcester,	-	-	-	\$40,000 00	\$40,000 00	\$1,563,029 66
Taunton,	-	-	-	-	-	662,475 00
Northampton,	-	-	-	-	-	743,209 66
Danvers,	\$5,303 00	-	-	-	5,303 00	1,698,703 00
Westborough,	6,000 00	\$25,000 00	\$9,000 00	8,000 00	48,000 00	767,125 00
Totals,	\$11,303 00	\$25,000 00	\$9,000 00	\$48,000 00	\$93,303 00	\$5,404,542 32
Insane asylums:—						
Worcester,	\$4,900 00	\$14,000 00	-	\$30,000 00	\$48,900 00	\$855,843 75
Medfield,	-	-	-	166,887 06	166,887 06	1,517,378 58
State Colony,	20,641 42	19,950 82	\$23,217 41	-	63,809 65	446,111 78
Totals,	\$25,541 42	\$33,950 82	\$23,217 41	\$196,887 06	\$279,596 71	\$2,819,334 11
Hospitals and asylums,	\$36,844 42	\$58,950 82	\$32,217 41	\$244,887 06	\$372,899 71	\$8,223,876 43
Miscellaneous:—						
Hospital for Epileptics,	\$25,500 00	\$13,447 94	\$800 00	\$250 00	\$39,997 94	\$530,380 18
Foxborough State Hospital,	7,843 00	7,190 00	49,128 00	4,900 00	69,061 00	342,696 00
School for Feeble-minded,	-	-	-	46,813 47	46,813 47	784,949 57
Wrentham State School,	3,837 31	-	-	7,749 08	11,586 39	92,668 43
Totals,	\$37,180 31	\$20,637 94	\$49,928 00	\$59,712 55	\$167,458 80	\$1,750,703 18
Aggregates,	\$74,024 73	\$79,588 76	\$82,145 41	\$304,599 61	\$540,358 51	\$9,974,579 61
State Hospital, ¹	-	-	-	-	-	\$838,685 73
State Farm, ¹	-	-	-	-	-	\$269,260 90

¹ Department for Insane pro rata.

VALUATION OF STATE INSTITUTIONS.

TABLE IV. — *Classified Valuation of Personal Property, etc.* — Continued.

INSTITUTIONS.	REPAIRS AND IMPROVEMENTS.				FARM, STABLE AND GROUNDS.			
	MACHINERY AND MECHANICAL FIXTURES.		MISCELLANEOUS.		LIVE STOCK.		PRODUCE.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
Insane hospitals:—								
Worcester,	\$48,098 09	\$5,181 61 ¹	\$1,842 35	\$5,023 41 ¹	\$23,462 00	\$5,942 00	\$9,447 14	\$1,313 29
Taunton,	47,585 00	600 00	—	600 00	9,355 50	996 50	4,617 38	590 32 ¹
Northampton,	21,750 00	—	21,750 00	—	13,973 50	999 50	13,487 64	3,488 25 ¹
Danvers,	83,825 98	2,180 16 ¹	—	2,180 16 ¹	16,212 35	411 70 ¹	10,035 75	1,000 00 ¹
Westborough,	45,458 28	2,890 19	2,512 50	3,537 69	16,604 00	993 20 ¹	10,093 75	725 05 ¹
Totals,	\$246,717 35	\$3,871 58 ¹	\$4,354 85	3,065 88 ¹	\$79,607 35	\$6,533 10	\$47,693 66	\$4,580 33 ¹
Insane asylums:—								
Worcester,	\$45,037 84	\$1,525 45	—	\$1,525 45	\$13,477 00	\$3,693 55	\$4,592 25	\$937 53 ¹
Medfield,	88,759 90	150 00	\$613 55	536 67 ¹	23,753 00	678 50 ¹	7,135 00	2,492 23
State Colony,	3,878 21	474 83 ¹	4,528 67	1,646 71	7,783 25	1,717 25	5,677 86	1,626 06
Totals,	\$137,675 95	\$1,200 62	\$5,142 22	\$2,635 49	\$45,013 25	\$4,732 30	\$17,405 11	\$3,880 71
Hospitals and asylums,	\$394,393 30	\$2,670 96 ¹	\$9,497 07	\$430 39 ¹	\$124,620 60	\$11,265 40	\$65,098 77	\$699 62 ¹
Miscellaneous:—								
Hospital for Epileptics,	\$47,550 97	\$1,568 37	\$1,443 45	\$1,884 32	\$11,047 20	\$707 20	\$4,034 85	\$5,329 65 ¹
Foxborough State Hospital,	6,438 70	5,542 30	4,670 20	5,088 50	3,666 00	1,573 50 ¹	1,494 46	207 49 ¹
School for the Feeble-minded,	25,827 35	1,097 25 ¹	469 70	1,226 60 ¹	10,596 25	168 75	10,137 00	3,125 50
Wrentham State School,	925 00	925 00	30 00	955 00	1,960 00	808 00	1,317 50	693 25
Totals,	\$80,742 02	\$6,938 42	\$6,613 35	\$10,701 22	\$27,269 45	\$110 45	\$16,983 81	\$1,718 39 ¹
Aggregates,	\$465,135 32	\$4,267 46	\$16,110 42	\$10,270 83	\$151,890 05	\$11,375 85	\$82,082 58	\$2,418 01 ¹
State Hospital, ²	\$42,873 45	\$5,148 68 ¹	—	\$5,148 68 ¹	\$4,904 65	\$437 17 ¹	\$3,143 47	\$696 31 ¹
State Farm, ²	\$29,244 00	\$496 72 ¹	—	\$496 72 ¹	\$6,005 02	\$445 19	\$8,096 65	\$535 60 ¹

¹ Decrease.² Department for insane pro rata.

VALUATION OF STATE INSTITUTIONS.

TABLE IV. — *Classified Valuation of Personal Property, etc. — Continued.*

INSTITUTIONS.	FARM, STABLE AND GROUNDS — Con.					
	CARRIAGES AND AGRICULTURAL IMPLEMENTS.		MISCELLANEOUS.		TOTALS.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
Insane hospitals: —						
Worcester,	\$7,870 00	\$1,286 92	\$4,810 52		\$45,589 66	\$8,252 18
Taunton,	8,175 75	666 95 1	565 00		22,713 63	255 77 1
Northampton,	6,115 00	150 00	..		33,586 14	2,338 75 1
Danvers,	6,956 56	346 33 1	4,688 12		37,892 78	2,444 13 1
Westborough,	5,744 75	480 81	1,948 18		34,392 68	1,277 61 1
Totals,	\$34,862 06	\$904 43	\$12,011 82		\$174,174 89	\$1,935 92
Insane asylums: —						
Worcester,	\$5,772 85	\$2,456 68	-		\$23,842 10	\$5,912 65
Medfield,	4,624 00	621 00	-		35,512 00	2,434 73
State Colony,	3,627 75	121 50	\$2,794 26		13,883 12	4,275 10
Totals,	\$14,024 60	\$3,199 18	\$2,794 26		\$79,237 22	\$12,622 48
Hospitals and asylums,	\$48,886 66	\$4,103 61	\$14,806 08		\$253,412 11	\$14,558 40
Miscellaneous: —						
Hospital for Epileptics,	\$4,506 85	\$141 17 1	\$2,690 81		\$22,279 71	\$2,072 81 1
Foxborough State Hospital,	1,980 00	1,766 69 1	1,995 08		9,135 54	1,635 10 1
School for the Feeble-minded,	8,551 80	1,346 76 1	509 21		29,794 26	2,087 10
Wrentham State School,	1,025 00	101 78	83 00		4,385 50	1,686 03
Totals,	\$16,063 65	\$3,152 84 1	\$5,278 10		\$65,595 01	\$65 22
Aggregates,	\$64,950 31	\$950 77	\$20,084 18		\$319,007 12	\$14,623 62
State Hospital, ²	\$3,553 93	\$31 99 1	-		\$11,602 05	\$1,165 47 1
State Farm, ²	\$5,618 91	\$525 49	-		\$19,720 58	\$435 08

² Department for insane pro rata.¹ Decrease

VALUATION OF STATE INSTITUTIONS.

TABLE IV. — *Classified Valuation of Personal Property, etc. — Concluded.*

INSTITUTIONS.	MISCELLANEOUS.		TOTAL VALUATION OF PERSONAL PROPERTY.		PRIVATE FUNDS.	
	Amount.		Amount.	Increase.	Amount.	Increase.
Insane hospitals:—						
Worcester,	\$13,216 27		\$224,696 36	\$4,722 68	\$8,451 96	\$161 92
Taunton,	5,007 57		154,355 31	4,590 30	—	—
Northampton,	1,850 00		111,333 28	8,503 85 ¹	629 11	22 95
Danvers,	10,775 47		231,631 25	15,942 30	—	—
Westborough,	6,278 00		161,153 24	6,051 71	—	—
Totals,	\$37,127 31		\$883,169 44	\$9,081 46 ¹	\$9,081 07	\$134 87
Insane asylums:—						
Worcester,	\$4,229 80		\$131,618 21	\$11,948 20	—	—
Medfield,	4,009 06		251,985 42	13,308 40	—	—
State Colony,	1,759 02		75,981 23	13,211 50	—	—
Totals,	\$9,997 88		\$459,584 86	\$38,468 10	—	—
Hospitals and asylums,	\$47,125 19		\$1,342,754 30	\$29,386 64	\$9,081 07	\$134 87
Miscellaneous:—						
Hospital for Epileptics,	\$7,497 50		\$158,154 93	\$1,617 28 ¹	\$385 54	\$385 54
Foxborough State Hospital,	4,107 93		60,628 46	14,499 91	—	—
School for the Feeble-minded,	5,831 80		147,931 51	6,888 21	60,468 00	6,887 78 ¹
Wrentham State School,	75 00		9,632 50	4,555 12	—	—
Totals,	\$17,532 23		\$376,347 40	\$24,025 96	\$60,853 54	\$6,502 24 ¹
Aggregates,	\$64,657 42		\$1,719,101 70	\$53,412 60	\$69,934 61	\$6,317 37 ¹
State Hospital, ²	\$1,639 66		\$110,409 83	\$7,164 17 ¹	—	—
State Farm, ²	\$524 78		\$93,034 68	\$2,561 30	—	—

¹ Decrease.² Department for insane pro rata.

RECEIPTS OF STATE INSTITUTIONS.

TABLE V. — Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1908 (Available for Maintenance the Following Year, under Section 2, Chapter 175, Acts of 1905).

INSTITUTIONS.	RECEIPTS FOR SUPPORT.				OTHER RECEIPTS ON ACCOUNT OF —			
	Town.	Reimburs- ing.	Private.	Soldiers' Relief.	Totals.	Salaries, Wages and Labor.	Food.	Clothing and Clothing Material.
Insane hospitals:—								
Worcester,	\$1,078 52	\$14,785 93	\$47,683 09	-	\$63,547 54	-	\$53 30	\$329 94
Taunton,	97 03	11,842 61	21,811 64	-	33,751 28	\$2 33	138 70	507 52
Northampton,	-	11,420 02	33,258 30	\$169 92	44,848 24	6 98	108 86	189 86
Danvers,	320 33	20,137 43	38,857 58	-	59,315 34	8 40	591 87	734 11
Westborough,	533 85	11,460 97	53,922 12	-	65,976 94	8 10	190 90	505 83
Totals,	\$2,089 73	\$69,646 96	\$135,532 73	\$169 92	\$267,439 34	\$25 81	\$1,083 63	\$2,367 26
Insane asylums:—								
Worcester,	-	\$4,314 96	-	-	\$4,314 96	-	\$107 32	\$292 37
Medfield,	-	6,156 38	-	-	6,156 38	-	57 89	786 51
State Colony,	-	705 60	-	-	705 60	-	9 17	269 42
Totals,	-	\$11,176 94	-	-	\$11,176 94	-	\$174 38	\$1,348 30
Hospitals and asylums,	\$2,089 73	\$80,823 90	\$135,532 73	\$169 92	\$278,616 28	\$25 81	\$1,258 01	\$3,615 56
Miscellaneous:—								
Hospital for Epileptics,	\$39,408 03	\$1,261 26	\$9,105 30	\$169 92	\$49,944 51	-	\$145 13	\$313 15
Foxborough State Hospital,	11,976 12	-	935 47	-	12,911 59	-	11 23	53 34
School for the Feeble-minded,	71,995 20	17 95	23,283 10	-	95,296 25	-	3 50	887 06
Wrentham State School,	680 60	-	-	-	680 60	-	-	-
Totals,	\$124,059 95	\$1,279 21	\$33,323 87	\$169 92	\$158,832 95	-	\$159 86	\$1,253 55
Aggregates,	\$126,149 68	\$82,103 11	\$228,856 60	\$339 84	\$437,449 23	\$25 81	\$1,417 87	\$4,869 11
State Hospital, ¹	-	\$540 79	-	-	\$540 79	-	-	-
State Farm, ¹	-	\$431 00	-	-	\$431 00	-	-	-

¹ Department for insane pro rata.

RECEIPTS OF STATE INSTITUTIONS.

TABLE V. — Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1908, etc. — Concluded.

INSTITUTIONS.	OTHER RECEIPTS ON ACCOUNT OF —					Total Receipts.
	Furnish-ings.	Heat, Light and Power.	Repairs and Improve-ments.	Farm, Stable and Grounds.	Miscella-neous.	
Insane hospitals:—						
Worcester,	—	—	—	\$2,912 46	\$2,896 50	\$69,679 74
Taunton,	\$7 06	\$15 00	—	97 44	372 76	34,892 09
Northampton,	10 47	—	\$1 82	1,061 35	258 28	46,485 86
Danvers,	4 00	40 00	108 83	816 57	346 62	61,965 74
Westborough,	—	—	97 40	342 57	810 33	67,932 07
Totals,	\$21 53	\$55 00	\$208 05	\$5,230 39	\$4,624 49	\$280,955 50
Insane asylums:—						
Worcester,	—	—	—	\$104 92	\$382 51	\$5,202 08
Medfield,	—	—	—	576 96	1,972 42	9,550 16
State Colony,	\$0 10	\$23 44	—	89 33	106 15	1,203 21
Totals,	\$0 10	\$23 44	—	\$771 21	\$2,461 08	\$15,955 45
Hospitals and asylums,	\$21 63	\$78 44	\$208 05	\$6,001 60	\$7,085 57	\$296,910 95
Miscellaneous:—						
Hospital for Epileptics,	\$9 07	\$1 20	\$44 95	\$324 87	\$497 72	\$51,280 60
Foxborough State Hospital,	5 00	12 00	249 52	291 07	1,119 16	14,552 91
School for the Feeble-minded,	4 78	—	—	176 19	262 67	96,630 45
Wrentham State School,	—	—	—	—	38 36	718 96
Totals,	\$18 85	\$13 20	\$294 47	\$792 13	\$1,917 91	\$63,282 92
Aggregates,	\$40 48	\$91 64	\$502 52	\$6,793 73	\$9,003 48	\$460,193 87
State Hospital, ¹	—	—	—	—	\$330 37	\$871 16
State Farm, ¹	—	—	—	\$116 38	\$3,608 29	\$4,155 67

¹ Department for insane pro rata.

EXPENSES FOR MAINTENANCE, ETC.

TABLE VI.—*Expenses for Maintenance and Net Weekly per Capitas for the Fiscal Year ending Nov. 30, 1908.*

INSTITUTIONS.	Average Number of Patients.	SALARIES, WAGES AND LABOR ON PAY ROLL.				FOOD.		
		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.	Gross Expenses.	Receipts.	Net Expenses.
					1908.	Three Years' Average 1905-7.		
Insane hospitals:—								
Worcester,	1,202	\$104,967 81	—	\$104,967 81	\$1.6794	\$1.5334	\$53 30	\$85,530 10
Taunton,	953	\$6,143 09	\$2 33	\$6,140 76	1.7755	1.5811	138 70	60,372 08
Northampton,	802	\$3,379 32	6 98	\$3,365 34	1.5194	1.3512	108 86	41,215 88
Danvers,	1,356	\$103,635 00	8 40	\$103,626 60	1.3547	1.4293	591 87	61,721 66
Westborough,	926	\$9,667 84	8 10	\$9,659 74	2.0697	1.6782	190 90	59,064 61
Totals and averages,	5,219	\$463,786 06	\$25 81	\$463,760 25	\$1.7088	\$1.5129	\$1,083 63	\$307,904 33
Insane asylums:—								
Worcester,	997	\$85,974 69	—	\$85,974 69	\$1.6583	\$1.3686	\$107 32	\$47,387 75
Medfield,	1,497	\$25,951 61	—	\$25,951 61	1.6180	1.2845	57 89	79,768 71
State Colony,	527	\$6,479 07	—	\$6,479 07	1.3312	—	9 17	23,129 66
Totals and averages,	3,021	\$248,405 37	—	\$248,405 27	\$1.5313	\$1.30991	\$174 38	\$150,286 12
Hospitals and asylums,	8,240	\$712,191 43	\$25 81	\$712,165 62	\$1.6621	\$1.42621	\$1,258 01	\$458,190 45
Miscellaneous:—								
Hospital for Epileptics,	657	\$61,485 55	—	\$61,485 55	\$1.7297	\$1.7631	\$145 13	\$31,901 55
Foxborough State Hospital,	236	\$9,244 19	—	\$9,244 19	1.9064	2.0469	11 23	20,751 80
School for the Feeble-minded,	1,243	\$3,144 93	—	\$3,144 93	1.4411	1.3756	3 50	60,013 11
Wrentham State School,	33	\$5,800 25	—	\$5,800 25	3.4151	—	—	2,249 81
Totals and averages,	2,228	\$189,734 92	—	\$189,734 92	\$1.6377	—	\$159 86	\$114,916 27
Aggregates,	10,468	\$901,926 35	\$25 81	\$901,900 54	\$1.6569	—	\$1,417 87	\$573,106 72
State Hospital, ¹	620	\$29,666 86	—	\$29,666 86	\$0.9802	\$0.7270	—	\$29,607 45
State Farm, ²	588	\$20,454 54	—	\$20,454 54	\$0.6690	\$0.6393	—	\$23,740 15

² Department for Insane pro rata.¹ Exclusive of State Colony.

EXPENSES FOR MAINTENANCE, ETC.

TABLE VI. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	FOOD — CON.		CLOTHING AND CLOTHING MATERIAL.				
	WEEKLY PER CAPITA.		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.	
	1908.	Three Years' Average 1905-7.				1908.	Three Years' Average 1905-7.
Insane hospitals:—							
Worcester,	\$1.3684	\$1.2471	\$11,858 33	\$329 94	\$11,528 39	\$0.1844	\$0.1802
Taunton,	1.2444	1.1364	6,134 32	507 52	5,626 80	0.1160	0.0903
Northampton,	0.9883	1.0112	5,005 87	189 86	4,816 01	0.1155	0.1133
Danvers,	0.8753	0.8426	11,776 47	734 11	11,042 36	0.1566	0.1572
Westborough,	1.2266	1.0850	6,168 51	505 83	5,662 68	0.1176	0.1206
Totals and averages,	\$1.1346	\$1.0601	\$40,943 50	\$2,267 26	\$38,676 24	\$0.1425	\$0.1391
Insane asylums:—							
Worcester,	\$0.9141	\$0.9712	\$10,882 98	\$292 37	\$10,590 61	\$0.2043	\$0.1983
Medfield,	1.0247	0.8970	18,864 70	786 51	18,078 19	0.2322	0.2189
State Colony,	0.8441	—	5,064 32	269 42	4,794 90	0.1750	—
Totals and averages,	\$0.9567	\$0.9195 1	\$34,812 00	\$1,348 30	\$33,463 70	\$0.2130	\$0.2120 1
Hospitals and asylums,	\$1.0633	\$1.0003 1	\$75,755 50	\$3,615 56	\$72,139 94	\$0.1684	\$0.1596 1
Miscellaneous:—							
Hospital for Epileptics,	\$0.9338	\$0.9916	\$4,425 94	\$313 15	\$4,112 79	\$0.1204	\$0.1147
Foxborough State Hospital,	1.3528	1.2524	2,927 53	53 34	2,874 19	0.1874	0.1522
School for the Feeble-minded,	0.9285	0.8671	10,359 51	887 06	9,472 45	0.1465	0.1614
Wrentham State School,	1.3111	—	537 98	—	537 98	0.3135	—
Totals and averages,	\$0.9919	—	\$18,250 96	\$1,253 55	\$16,997 41	\$0.1467	—
Aggregates,	\$1.0529	—	\$94,006 46	\$4,809 11	\$89,137 35	\$0.1638	—
State Hospital, ²	\$0.9184	\$0.7541	\$6,378 41	—	\$6,378 41	\$0.1978	\$0.1646
State Farm, ²	\$0.7764	\$0.6926	\$6,703 16	—	\$6,703 16	\$0.2192	\$0.2123

¹ Exclusive of State Colony.² Department for insane pro rata.

EXPENSES FOR MAINTENANCE, ETC.

TABLE VI. — *Expenses for Maintenance, etc.* — Continued.

INSTITUTIONS.	FURNISHINGS.						WEEKLY PER CAPITA.				
	Gross Expenses.	Receipts.	Net Expenses.	Three Years' Average 1903-7.	Beds, Bedding, Table Linen, etc.	Carpets, Rugs, etc.	Furniture and Upholstery.	Crockery, Glassware, Cutlery, etc.			
Insane hospitals:—											
Worcester,	\$11,433 90	—	\$11,433 90	\$0.1829	\$0.0749	\$0.0113	\$0.0370	\$0.0231			
Taunton,	10,999 32	\$7 06	10,992 26	0.2267	0.1456	0.0151	0.0112	0.0229			
Northampton,	6,105 32	10 47	6,094 85	0.1464	0.1232	0.0165	0.0156	0.0146			
Danvers,	10,511 85	4 00	10,507 85	0.1491	0.0956	0.0043	0.0116	0.0144			
Westborough,	11,260 42	—	11,266 42	0.2670	0.1674	0.0128	0.0054	0.0300			
Totals and averages,	\$50,906 81	\$21 53	\$50,285 28	0.1913	\$0.1173	\$0.0112	\$0.0169	\$0.0207			
Insane asylums:—											
Worcester,	\$6,221 25	—	\$6,221 25	\$0.1200	\$0.0548	\$0.0009	\$0.0034	\$0.0112			
Medfield,	8,855 32	—	8,855 32	0.1138	0.0458	0.0058	0.0075	0.0213			
State Colony,	3,109 02	\$0 10	3,108 92	0.1135	0.0845	0.0030	0.0229	0.0119			
Totals and averages,	\$18,185 59	\$0 10	\$18,185 49	\$0.1158	\$0.1166 ²	\$0.0037	\$0.0088	\$0.0163			
Hospitals and asylums,	\$68,492 40	\$21 63	\$68,470 77	\$0.1636	\$0.1515 ²	\$0.0085	\$0.0134	\$0.0191			
Miscellaneous:—											
Hospital for Epileptics,	\$5,452 86	\$9 07	\$5,443 79	\$0.1596	\$0.0512	\$0.0174	\$0.0261	\$0.0257			
Foxborough State Hospital,	3,521 36	5 00	3,516 36	0.2296	0.0954	0.0136	0.0167	0.0194			
School for the Feeble-minded,	7,162 74	4 78	7,157 96	0.1108	0.0622	0.0035	0.0124	0.0077			
Wrentham State School,	236 89	—	236 89	0.1380	0.0029	0.0056	0.0108	0.0455			
Totals and averages,	\$16,373 85	\$18 85	\$16,355 00	\$0.1413	\$0.0624	\$0.0090	\$0.0170	0.0151			
Aggregates,	\$84,866 25	\$40 48	\$84,825 77	\$0.1589	\$0.0824	\$0.0086	\$0.0146	\$0.0183			
State Hospital, ¹	\$3,865 01	—	\$3,865 01	\$0.1199	\$0.0861	—	\$0.0095	\$0.0084			
State Farm, ¹	\$1,888 96	—	\$1,888 96	\$0.0618	—	—	—	—			

¹ Department for insane pro rata.² Exclusive of State Colony.

EXPENSES FOR MAINTENANCE, ETC.

TABLE VI. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	HEAT, LIGHT AND POWER.										
	Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.		COAL.				TOTAL CONSUMPTION WEEKLY PER CAPITA.	
				1908.	Three Years' Average 1905-7.	SOFT.		HARD.			
						Quantity, Long Tons.	Average Price.	Quantity, Long Tons.	Average Price.	Quantity, Long Tons.	Cost.
Insane hospitals: —											
Worcester,	\$25,259 83	—	\$25,259 83	\$0.4041	\$0.4136	4,904	\$4 53	329	\$6 76	.08	\$0.3969
Taunton,	17,973 60	\$15 00	17,958 60	0.3701	0.4637	3,095	4 33	521 1	6 58	.07	0.3446
Northampton,	8,366 26	—	8,366 26	0.2006	0.3221	1,691	4 55	78	6 62	.64	0.1861
Danvers,	24,771 38	40 00	24,731 38	0.3567	0.2793	6,117	3 58	250	5 68	.09	0.3307
Westborough,	23,480 28	—	23,480 28	0.4876	0.3111	5,015	3 83	630	6 48	.12	0.4886
Totals and averages,	\$99,851 35	\$55 00	\$99,796 35	\$0.3677	\$0.3573	20,722	\$4 05	1,808 1	\$6 38	.08	\$0.3519
Insane asylums: —											
Worcester,	\$20,499 68	—	\$20,499 68	\$0.3954	\$0.3713	5,150	\$3 32	330	\$6 77	.11	\$0.3813
Medford,	34,719 25	—	34,719 25	0.4460	0.2953	7,140	4 19	538	6 08	.10	0.4314
State Colony,	8,140 15	\$23 44	8,116 71	0.2962	—	897	3 80	887	3 66	.07	0.2428
Totals and averages,	\$63,359 08	\$23 44	\$63,335 64	\$0.4032	\$0.3221 ²	13,187	\$3 83	1,875	\$5 08	.09	\$0.3820
Hospitals and asylums,	\$163,210 43	\$78 44	\$163,131 99	\$0.3807	\$0.3412 ²	33,909	\$3 97	3,683 1	\$5 72	.09	\$0.3630
Miscellaneous: —											
Hospital for Epileptics,	\$13,312 18	\$1 20	\$13,310 98	\$0.3896	\$0.4186	3,308	\$3 67	166	\$6 10	.10	\$0.3852
Foxborough State Hospital,	15,382 82	12 00	15,370 82	1.0150	0.8198	3,388	4 19	184	6 06	.24	0.9903
School for the Feeble-minded,	19,918 18	—	19,918 18	0.3082	0.2280	3,636	4 05	555	6 68	.06	0.2870
Wrentham State School,	667 22	—	667 22	0.3888	—	—	—	72	7 52	.04	0.3170
Totals and averages,	\$49,480 40	\$13 20	\$49,467 20	\$0.4270	—	10,332	\$3 97	977	\$6 53	.10	\$0.4096
Aggregates,	\$212,630 83	\$91 64	\$212,599 19	\$0.3906	—	44,241	\$3 97	4,660 1	\$5 89	.09	\$0.3729
State Hospital, ³	\$15,515 09	—	\$15,515 09	\$0.4812	\$0.3373	—	—	—	—	—	—
State Farm, ³	\$8,635 43	—	\$8,635 43	\$0.2824	\$0.2932	—	—	—	—	.12	\$0.4730

¹ Includes 17 short tons at \$7.10.² Exclusive of State Colony.³ Department for Insane pro rata.

EXPENSES FOR MAINTENANCE, ETC.

TABLE VI.—*Expenses for Maintenance, etc.*—Continued.

INSTITUTIONS.	REPAIRS AND IMPROVEMENTS.					WEEKLY PER CAPITA.			
	Gross Expenses.	Receipts.	Net Expenses.	1908.	Three Years' Average 1905-7.	Plumbing, Steam Fitting and Supplies.	Electrical Work and Supplies.	Paints, Oils, Glass, etc.	
Insane hospitals:—									
Worcester,	\$13,401 84	—	\$13,401 84	\$0.2144	\$0.2924	\$0.0297	\$0.0193	\$0.0287	
Taunton,	13,839 79	—	13,839 79	0.2853	0.2119	0.0228	0.0197	0.0218	
Northampton,	6,135 03	\$1 82	6,133 21	0.1471	0.1985	0.0282	0.0140	0.0285	
Danvers,	18,277 46	108 83	18,168 63	0.2592	0.3406	0.1113	0.0213	0.0352	
Westborough,	10,735 54	97 40	10,638 14	0.2999	0.2493	0.0399	0.0292	0.0423	
Totals and averages,	\$62,389 66	\$208 05	\$62,181 61	\$0.2382	\$0.2670	\$0.0513	\$0.0208	\$0.0316	
Insane asylums:—									
Worcester,	\$10,712 79	—	\$10,712 79	\$0.2066	\$0.2161	\$0.0425	\$0.0109	\$0.0233	
Medfield,	15,894 46	—	15,894 46	0.2042	0.1679	0.0271	0.0308	0.0109	
State Colony,	6,688 47	—	6,688 47	0.2441	—	0.0404	0.0121	0.0380	
Totals and averages,	\$33,295 72	—	\$33,295 72	\$0.2120	\$0.1847 ¹	\$0.0405	\$0.0275	\$0.0227	
Hospitals and asylums,	\$95,685 38	\$208 05	\$95,477 33	\$0.2309	\$0.2382 ¹	\$0.0473	\$0.0232	\$0.0283	
Miscellaneous:—									
Hospital for Epileptics,	\$8,957 50	\$44 95	\$8,912 55	\$0.2622	\$0.2929	\$0.0724	\$0.0276	\$0.0463	
Foxborough State Hospital,	5,935 43	249 52	5,685 91	0.3869	0.5300	0.0655	0.0319	0.0358	
School for the Feeble-minded,	15,284 45	—	15,284 45	0.2365	0.2781	0.0327	0.0186	0.0235	
Wrentham State School,	1,415 56	—	1,415 56	0.8249	—	0.0330	—	0.0644	
Totals and averages,	\$31,592 94	\$294 47	\$31,298 47	\$0.2701	—	\$0.0527	\$0.0228	\$0.0325	
Aggregates,	\$127,278 32	\$502 52	\$126,775 80	\$0.2324	—	\$0.0485	\$0.0231	\$0.0292	
State Hospital, ²	\$7,896 41	—	\$7,896 41	\$0.2449	\$0.2606	\$0.0572	\$0.0210	\$0.0317	
State Farm, ²	\$3,982 13	—	\$3,982 13	\$0.1302	\$0.0937	—	—	—	

¹ Exclusive of State Colony.² Department for insane pro rata.

EXPENSES FOR MAINTENANCE, ETC.

TABLE VI. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	FARM, STABLE AND GROUNDS.									
	WEEKLY PER CAPTA.									
	Gross Expenses.	Receipts.	Net Expenses.	Three Years' Average 1905-7.	Carriages, Wagons and Repairs.	Hay, Grain, etc.	Fertilizers, Vines, Seeds, etc.	Cows.	Horses.	
Insane hospitals: —										
Worcester,	\$19,477 24	\$2,912 46	\$16,564 78	\$0.3116	\$0.0190	\$0.1516	\$0.0153	\$0.0255	\$0.0249	
Taunton,	14,494 22	97 44	14,396 78	0.2988	0.0186	0.1467	0.0234	0.0562	0.0058	
Northampton,	17,330 58	1,061 35	16,269 23	0.3323	0.0118	0.2110	0.0469	0.0378	0.0030	
Danvers,	20,445 00	816 57	19,628 43	0.2900	0.0341	0.2008	0.0258	—	0.0039	
Westborough,	17,121 98	342 57	16,779 41	0.3848	0.0076	0.2876	0.0291	—	0.0083	
Totals and averages,	\$88,889 02	\$5,230 39	\$83,658 63	\$0.3326	\$0.0117	\$0.1968	\$0.0208	\$0.0217	\$0.0057	
Insane asylums: —										
Worcester,	\$14,882 12	\$104 92	\$14,777 20	\$0.2871	\$0.0144	\$0.1768	\$0.0412	\$0.0033	\$0.0116	
Medfield,	25,954 25	576 96	25,377 29	0.3534	0.0090	0.2421	0.0190	0.0073	0.0071	
State Colony,	10,604 73	89 33	10,515 40	0.3870	0.0241	0.2141	0.0658	—	—	
Totals and averages,	\$51,441 10	\$771 21	\$50,669 89	\$0.3275	\$0.0134	\$0.2156	\$0.0345	\$0.0047	\$0.0073	
Hospitals and asylums,	\$140,310 12	\$6,001 60	\$134,308 52	\$0.3307	\$0.0123	\$0.2037	\$0.0297	\$0.0155	\$0.0088	
Miscellaneous: —										
Hospital for Epileptics,	\$11,633 05	\$324 87	\$11,368 18	\$0.3423	\$0.0165	\$0.1886	\$0.0192	\$0.0199	\$0.0080	
Foxborough State Hospital,	7,664 90	291 07	7,373 83	0.4997	0.0031	0.3249	0.0614	—	—	
School for the Feeble-minded,	18,315 37	176 19	18,139 18	0.2834	0.0065	0.1408	0.0385	0.0097	—	
Wrentham State School,	2,278 28	—	2,278 28	1.3266	0.0090	0.5393	0.2236	—	0.1040	
Totals and averages,	\$39,951 60	\$792 13	\$39,159 47	\$0.3444	\$0.0091	\$0.1852	\$0.0498	\$0.0113	\$0.0039	
Aggregates,	\$180,261 72	\$6,793 73	\$173,467 99	\$0.3336	\$0.0116	\$0.1998	\$0.0339	\$0.0146	\$0.0078	
State Hospital,²	\$4,787 66	—	\$4,787 66	\$0.1485	\$0.1372	\$0.1078	\$0.0132	\$0.0035	\$0.0027	
State Farm,²	\$5,360 14	\$116 38	\$5,243 76	\$0.1715	—	—	—	—	—	

¹ Exclusive of State Colony.² Department for Insane pro rata.

EXPENSES FOR MAINTENANCE, ETC.

TABLE VI. — *Expenses for Maintenance, etc.* — Continued.

INSTITUTIONS.	MISCELLANEOUS.						WEEKLY PER CAPITA.					
	Gross Expenses.	Receipts.	Net Expenses.	Three Years' Average 1903-7.	Freight, Express- age and Transportation.	Water.	Funeral Expenses, returning Escaped Patients, printing Annual Report.	Chapel Services and Entertainments.	Medicines and Hospital Supplies.	Tobacco.		
Insane hospitals: —												
Worcester,	\$15,758 10	\$2,836 50	\$12,921 60	\$0.2521	\$0.0053	\$0.0731	\$0.0117	\$0.0078	\$0.0270	\$0.0209		
Taunton,	18,695 14	372 76	18,322 38	0.3853	0.0274	0.0872	0.0090	0.0240	0.0449	0.0167		
Northampton,	11,359 88	258 28	11,101 60	0.2734	0.0094	0.0733	0.0078	0.0195	0.0375	0.0199		
Danvers,	22,654 80	346 62	22,308 18	0.3213	0.0654	0.0643	0.0012	0.0119	0.0508	0.0130		
Westborough,	14,149 61	810 33	13,339 28	0.3245	0.0521	0.0093	0.0081	0.0132	0.0376	0.0099		
Totals and averages,	\$82,617 53	\$4,624 49	\$77,993 04	\$0.3099	\$0.0338	\$0.0620	\$0.0073	\$0.0145	\$0.0399	\$0.0160		
Insane asylums: —												
Worcester,	\$14,331 41	\$382 51	\$13,948 90	\$0.2764	\$0.0921	\$0.0262	\$0.0042	\$0.0140	\$0.0280	\$0.0086		
Medfield,	10,889 74	1,972 42	8,887 32	0.1395	0.0011	0.0140	0.0089	0.0137	0.0248	0.0076		
State Colony,	5,840 91	106 15	5,734 76	0.2131	0.0281	0.0140	0.0119	0.0097	0.0169	0.0129		
Totals and averages,	\$31,032 06	\$2,461 08	\$28,570 98	\$0.1975	\$0.0358	\$0.0111	0.0079	\$0.0131	\$0.0245	\$0.0089		
Hospitals and asylums,	\$113,649 59	\$7,055 57	\$106,594 02	\$0.2687	\$0.0345	\$0.0434	\$0.0075	\$0.0140	\$0.0342	\$0.0134		
Miscellaneous: —												
Hospital for Epileptics,	\$11,622 86	\$497 72	\$11,125 14	\$0.3376	\$0.0144	\$0.0303	\$0.0126	\$0.0356	\$0.0607	\$0.0198		
Foxborough State Hospital,	9,360 74	1,119 16	8,241 58	0.8556	0.0388	0.0304	0.0563	0.0426	0.0521	0.0340		
School for the Feeble minded,	15,259 17 ²	262 67	14,996 50	0.2234	0.0192	0.0297	0.0077	0.0054	0.0118	0.0001		
Wrentham State School,	1,286 57	38 36	1,248 21	0.7274	0.1331	—	0.0198	—	0.0236	—		
Totals and averages,	\$37,529 34	\$1,917 91	\$35,611 43	—	\$0.0221	\$0.0296	\$0.0130	\$0.0191	\$0.0317	\$0.0104		
Aggregates,	\$151,178 93	\$9,003 48	\$142,175 45	\$0.2612	\$0.0319	\$0.0404	\$0.0087	\$0.0151	\$0.0337	\$0.0128		
State Hospital, ³	\$11,707 32	\$330 37	\$11,376 95	\$0.3529	\$0.1198	—	\$0.0069	\$0.0056	\$0.1430	\$0.0170		
State Farm, ³	\$6,417 31	\$3,608 29	\$2,809 02	\$0.0919	—	—	—	—	—	—		

¹ Exclusive of State Colony.² Includes sewage disposal.³ Department for insane pro rata.

EXPENSES FOR MAINTENANCE, ETC.

TABLE VI. — *Expenses for Maintenance, etc. — Concluded.*

INSTITUTIONS.	TOTAL MAINTENANCE EXPENSES.			MAINTENANCE APPROPRIATION.			Defi- ciencies.	Balance Reverting to State Treasury.
	Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.		Totals.		
				1908.	Three Years' Average, 1905-7.			
Insane hospitals: —								
Worcester,	\$287,740 45	\$6,132 20	\$281,608 25	\$4,5054	\$4,3216	\$75,239 36	\$194,760 64	\$270,000 00
Taunton,	228,790 26	1,140 81	227,649 45	4,6922	4,3264	32,124 04	196,725 96	228,850 00
Northampton,	159,000 00	1,637 62	157,362 38	3,7733	3,7162	45,745 39	113,254 61	159,000 00
Danvers,	280,385 49	2,650 40	277,735 09	3,9388	3,8569	53,809 00	231,190 91	285,000 00
Westborough,	241,835 69	1,355 13	239,880 56	4,9817	4,3564	68,235 29	177,624 71	245,880 00
Totals and averages,	\$1,197,751 89	\$13,516 16	\$1,184,235 73	\$4,3636	\$4,1159	\$275,172 97	\$913,556 83	\$1,188,730 00
Insane asylums: —								
Worcester,	\$210,999 99	\$887 12	\$210,112 87	\$4,0528	\$3,7309	\$6,376 32	\$204,623 68	\$211,000 00
Medfield,	320,925 93	3,393 78	317,532 15	4,0791	3,4165	10,408 46	316,791 54	327,200 00
State Colony,	99,065 50	497 61	98,567 89	3,5968	—	830 94	104,169 06	105,000 00
Totals and averages,	\$630,991 42	\$4,778 51	\$626,212 91	\$3,9863	\$3,52021	\$17,615 72	\$625,584 28	\$643,200 00
Hospitals and asylums,	\$1,828,743 31	\$18,294 67	\$1,810,448 64	\$4,2253	\$3,86941	\$292,788 89	\$1,539,141 11	\$1,831,930 00
Miscellaneous: —								
Hospital for Epileptics,	\$148,996 62	\$1,336 09	\$147,660 53	\$4,3221	\$4,4029	\$43,809 22	\$105,190 78	\$149,000 00
Foxborough State Hospital,	95,000 00	1,741 32	93,258 68	6,0794	6,4023	15,777 28	79,222 72	95,000 00
School for the Feeble minded,	239,460 96 ²	1,334 20	238,126 76	3,6841	3,5882	129,696 93	118,935 85	248,632 78 ²
Wrentham State School,	14,532 56	38 36	14,494 20	8,4455	—	—	21,000 00	21,000 00
Totals and averages,	\$497,990 14	\$4,449 97	\$493,540 17	\$4,2509	—	\$189,283 43	\$324,349 35	\$513,632 78
Aggregates,	\$2,326,733 45	\$22,744 64	\$2,303,988 81	\$4,2327	—	\$482,072 32	\$1,803,490 46	\$2,345,562 78
State Hospital, ³	\$109,424 11	\$330 37	\$109,093 74	\$3,3838	\$2,8693	—	\$104,976 91	\$104,976 91
State Farm, ³	\$77,181 82	\$3,724 67	\$73,457 15	\$2,4024	\$2,3318	—	\$77,181 82	\$77,181 82
Totals and averages,	\$2,383,839 38	\$26,799 68	\$2,357,039 70	\$3,3886	\$2,8966	\$482,072 32	\$1,803,490 46	\$2,345,562 78
State Hospital, ³	\$109,424 11	\$330 37	\$109,093 74	\$3,3838	\$2,8693	—	\$104,976 91	\$104,976 91
State Farm, ³	\$77,181 82	\$3,724 67	\$73,457 15	\$2,4024	\$2,3318	—	\$77,181 82	\$77,181 82
Totals and averages,	\$2,383,839 38	\$26,799 68	\$2,357,039 70	\$3,3886	\$2,8966	\$482,072 32	\$1,803,490 46	\$2,345,562 78

¹ Exclusive of State Colony.² Includes sewage disposal.³ Department for insane pro rata.

SPECIAL APPROPRIATIONS.

TABLE VII. — General Statement as to Special Appropriations.

INSTITUTIONS.	Whole Appropriations.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1908.									
		BUILDINGS FOR PATIENTS.		BUILDINGS FOR NURSES.		BUILDINGS FOR FARM, STABLE AND GROUNDS.		ALL OTHER BUILDINGS.		TOTAL BUILDINGS.	
		New and Additions.	Repairs.	New and Additions.	Repairs.	New and Additions.	Repairs.	New and Additions.	Repairs.	New and Additions.	Repairs.
Insane hospitals:—											
	Worcester,	—	\$8,265 61	—	—	—	—	—	—	\$8,265 61	—
	Taunton,	—	—	—	—	—	—	—	—	—	—
	Northampton,	\$450 00	—	—	—	\$1,200 00	—	\$2,039 80	—	3,239 80	—
	Danvers,	—	19,612 51	—	—	—	—	—	—	19,612 51	—
Totals,											
	Westborough,	—	—	\$5,553 54	—	2,138 61	—	6,280 94	—	13,973 09	—
	Totals,	\$450 00	\$27,878 12	\$5,553 54	—	\$3,338 61	—	\$8,320 74	—	\$45,091 01	—
Insane asylums:—											
	Worcester,	—	\$24,142 41	—	—	\$1,615 27	—	—	—	\$25,757 68	—
	Medfield,	\$1,116 20	—	—	—	5,884 65	—	\$1,234 65	—	1,234 65	—
	State Colony,	—	—	—	—	—	—	5,731 47	—	11,461 12	—
	Totals,	\$1,116 20	\$24,142 41	—	—	\$7,499 92	—	\$6,966 12	—	\$38,608 45	—
Hospitals and asylums,											
	Hospitals and asylums,	\$1,566 20	\$52,020 53	—	—	\$10,338 53	—	\$15,286 86	—	\$83,699 46	—
	Miscellaneous:—										
	Hospital for Epileptics,	—	\$10,781 00	—	—	\$1,635 04	\$1,069 17	\$1,333 35	\$835 48	\$17,257 92	\$1,904 65
	Foxborough State Hospital,	—	—	—	—	—	—	2,841 01	—	2,841 01	—
Totals,											
	School for the Feeble-minded,	\$1,592 00	\$387 84	2,508 29	—	883 08	—	—	—	61,141 17	387 84
	Wrentham State School,	—	—	192 63	—	825 67	—	13,612 72	—	29,846 70	—
	Totals,	\$1,592 00	\$387 84	\$6,209 45	—	\$3,943 79	\$1,069 17	\$17,787 08	\$835 48	\$111,086 80	\$2,292 49
Aggregates,											
	Aggregates,	\$3,158 20	\$135,707 01	\$11,762 99	—	\$14,182 32	\$1,069 17	\$33,073 94	\$835 48	\$194,786 26	\$2,292 49
	Asylum for Insane Criminals,	—	—	\$5,255 00	—	—	—	\$2,753 65	—	\$8,008 65	—

SPECIAL APPROPRIATIONS.

TABLE VII. — *General Statement as to Special Appropriations* — Continued.

INSTITUTIONS.	FURNISHING AND EQUIPPING.									
	FOR PATIENTS.		FOR NURSES.		FOR FARM, STABLE AND OROUNDS.		FOR ALL OTHER PURPOSES.		TOTALS.	
	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.
Insane hospitals:—										
Worcester,	—	—	—	—	—	—	—	—	—	—
Taunton,	—	—	—	—	—	—	—	—	—	—
Northampton,	—	\$462 92	—	—	\$46 20	—	—	—	\$46 20	\$462 92
Danvers,	—	—	—	—	—	—	—	—	—	—
Westborough,	—	—	\$209 54	—	—	—	\$11,179 81	—	11,389 35	—
Totals,	—	\$462 92	\$209 54	—	\$46 20	—	\$11,179 81	—	\$11,435 55	\$462 92
Insane asylums:—										
Worcester,	\$2,629 13	—	—	—	—	—	—	—	\$2,629 13	—
Medfield,	—	—	—	—	—	—	\$1,888 15	—	1,888 15	—
State Colony,	—	—	—	—	\$74 78	—	2,294 44	—	2,369 22	—
Totals,	\$2,629 13	—	—	—	\$74 78	—	\$4,182 59	—	\$6,886 50	—
Hospitals and asylums,	\$2,629 13	\$462 92	\$209 54	—	\$120 98	—	\$15,362 40	—	\$18,322 05	\$462 92
Miscellaneous:—										
Hospital for Epileptics,	\$4,949 28	—	—	\$200 01	—	—	—	—	\$4,949 28	\$200 01
Foxborough State Hospital,	—	—	—	—	—	—	\$5,704 51	—	5,704 51	—
School for the Feeble minded,	351 00	—	—	—	—	—	351 00	—	351 00	—
Wrentham State School,	2,163 91	—	—	—	—	—	657 80	—	2,821 71	—
Totals,	\$7,464 19	—	—	\$200 01	—	—	\$6,362 31	—	\$13,826 50	\$200 01
Aggregates,	\$10,093 32	\$462 92	\$209 54	\$200 01	\$120 98	—	\$21,734 71	—	\$32,148 55	\$662 93
Asylum for Insane Criminals,	—	—	—	—	—	—	\$607 44	—	\$607 44	—

SPECIAL APPROPRIATIONS.

TABLE VII. — *General Statement as to Special Appropriations — Continued.*

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1908.							
	WATER SUPPLY, EXCLUSIVE OF PLUMBING IN BUILDINGS.		SEWERAGE, EXCLUSIVE OF PLUMBING IN BUILDINGS.		HEATING, EXCLUSIVE OF PLUMBING IN BUILDINGS.		MISCELLANEOUS.	
	Extension.	Repairs.	Extension.	Repairs.	Extension.	Repairs.	Adding to Original Value.	Repairs and Renewals.
Insane hospitals:—								
Worcester,	—	—	—	—	—	—	—	\$1,258 14
Taunton,	—	—	—	—	—	—	\$69 30	—
Northampton,	\$10,802 28	—	—	—	—	—	—	1,044 28
Danvers,	12,102 38	—	—	—	—	—	—	—
Westborough,	7,250 82	—	—	—	\$8,498 05	—	2,180 53	—
Totals,	\$30,155 48	—	—	—	\$8,498 05	—	\$2,258 83	\$2,302 42
Insane asylums:—								
Worcester,	\$4,526 87	—	\$3,433 60	—	—	—	\$7,522 28	—
Medfield,	310 29	—	—	—	6,525 16	—	1,195 34	—
State Colony,	7,005 99	—	—	—	—	—	—	—
Totals,	\$11,843 15	—	\$3,433 60	—	\$6,587 55	—	\$8,717 62	—
Hospitals and asylums,	\$41,998 63	—	\$3,433 60	—	\$15,085 60	—	\$10,976 45	\$2,302 42
Miscellaneous:—								
Hospital for Epileptics,	—	—	—	—	—	\$25 00	\$300 00	—
Foxborough State Hospital,	\$436 70	—	—	—	—	—	805 78	—
School for the Feeble-minded,	—	—	—	—	—	—	—	—
Wrentham State School,	4,620 59	—	\$5 68	—	—	—	2,311 28	—
Totals,	\$5,057 29	—	\$5 68	—	—	\$25 00	\$3,417 06	—
Aggregates,	\$47,055 92	—	\$3,439 28	—	\$15,085 60	\$25 00	\$14,393 51	\$2,302 42
Asylum for Insane Criminals,	—	—	—	—	—	—	—	—

SPECIAL APPROPRIATIONS.

TABLE VII. — General Statement as to Special Appropriations — Concluded.

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING Nov. 30, 1908 — Con.				Total Expenditures to Date.	Balance at End of Current Fiscal Year.	Reverted Balances.
	TOTAL EXPENDITURES.						
	Adding to Original Value.	Repairs and Renewals.	Total Expendi- tures during Fiscal Year.				
Insane hospitals:—							
Worcester,	\$8,265 61	—	\$8,265 61	\$8,265 61	\$8,265 61	\$55,334 39	—
Taunton,	—	\$1,258 14	1,258 14	1,258 14	5,137 49	2,662 51	—
Northampton,	14,607 58	462 92	15,070 50	15,070 50	35,424 40	3,570 83	\$4 77
Danvers,	31,714 80	1,044 28	32,759 17	32,759 17	33,119 92	2,897 62	232 46
Westborough,	43,300 84	—	43,300 84	43,300 84	100,576 27	10,998 73	—
Totals,	\$97,888 92	\$2,765 34	\$100,654 26	\$100,654 26	\$182,523 69	\$75,464 08	\$237 23
Insane asylums:—							
Worcester,	\$43,931 95	—	\$43,931 95	\$43,931 95	\$92,809 62	\$36,247 49	\$442 89
Medfield,	12,269 79	—	12,269 79	12,269 79	47,925 48	7,164 55	109 97
State Colony,	20,991 33	—	20,991 33	20,991 33	48,580 27	9,568 19	2 55 1
Totals,	\$77,193 07	—	\$77,193 07	\$77,193 07	\$189,315 37	\$52,980 23	\$555 41
Hospitals and asylums,	\$175,081 99	\$2,765 34	\$177,847 33	\$177,847 33	\$371,839 06	\$128,444 31	\$792 64
Miscellaneous:—							
Hospital for Epileptics,	\$22,507 20	\$2,129 66	\$24,636 86	\$24,636 86	\$94,366 00	\$9,134 00	—
Foxborough State Hospital,	9,788 00	—	9,788 00	9,788 00	124,942 57	9,757 43	—
School for the Feeble minded,	63,084 17	387 84	63,472 01	63,472 01	222,217 14	17,382 86	—
Wrentham State School,	39,605 96	—	39,605 96	39,605 96	99,781 19	148,018 81	—
Totals,	\$134,985 33	\$2,517 50	\$137,502 83	\$137,502 83	\$541,306 90	\$184,293 10	—
Aggregates,	\$310,067 32	\$5,282 84	\$315,350 16	\$315,350 16	\$913,145 96	\$312,737 41	\$792 64
Asylum for Insane Criminals,	\$8,616 09	—	\$8,616 09	\$8,616 09	\$27,520 89	\$7,479 11	—

1 \$1.01 reverted December, 1907.

WEEKLY PER CAPITA COST OF MAINTENANCE.

INSTITUTIONS.	PRIVATE.		PUBLIC.			PUBLIC AND PRIVATE.				REPAIRS AND IMPROVEMENTS.	
	Average Number of Patients.	RATE OF BOARD.		Average Number of Patients.	NET EXPENSES LESS SUPPORT RECEIPTS.		Average Number of Patients.	Gross Expenses.	NET EXPENSES.		Three Years' Average, 1905-7.
		1908.	Three Years' Average, 1905-7.		1908.	Three Years' Average, 1905-7.			1908.	Three Years' Average, 1905-7.	
Insane hospitals:—											
Worcester,	165	\$5 56	\$6 08	1,037	\$4 04	\$3 74	1,202	\$4 60	\$4 51	\$4 32	\$0 21
Taunton,	90	4 66	4 56	843	4 42	4 03	933	4 72	4 69	4 33	29 21
Northampton,	115	5 56	5 25	687	3 15	3 10	802	3 81	3 77	3 72	15 20
Danvers,	128	5 84	5 59	1,228	3 42	3 37	1,356	3 98	3 94	3 86	26 34
Westborough,	189	5 49	5 99	737	4 54	3 75	926	5 02	4 98	4 35	22 25
Totals and averages,	687	\$5 47	\$5 61	4,532	\$3 90	\$3 60	5,219	\$4 41	\$4 36	\$4 12	\$0 23
Insane asylums:—											
Worcester,	—	—	—	997	\$3 97	\$3 57	997	\$4 07	\$4 05	\$3 73	\$0 21
Medfield,	—	—	—	1,497	4 00	3 32	1,497	4 12	4 08	3 42	20 17
State Colony,	—	—	—	527	3 57	—	527	3 62	3 60	—	24 —
Totals and averages,	—	—	—	3,021	\$3 92	\$3 56 1	3,021	\$4 02	\$3 99	\$3 51 1	\$0 21
Hospitals and asylums,	687	\$5 47	\$5 61	7,553	\$3 90	\$3 63 1	8,240	\$4 27	\$4 23	\$3 87 1	\$0 22
Miscellaneous:—											
Hospital for Epileptics,	33	\$5 31	\$4 75	624	\$3 01	\$4 33	657	\$4 36	\$4 32	\$4 40	\$0 26
Foxborough State Hospital,	4	4 50	7 07	231	5 31	5 99	235	6 19	6 08	6 40	39 53
School for the Feeble-minded,	108	4 15	4 35	1,135	2 42	3 51	1,243	3 69	3 68	3 59	24 27
Wrentham State School,	—	—	—	33	8 05	—	33	8 47	8 45	—	82 —
Totals and averages,	145	\$4 42	—	2,083	\$3 09	—	2,228	\$4 30	\$4 26	—	\$0 27
Aggregates,	832	\$5 29	—	9,636	\$3 73	—	10,468	\$4 27	\$4 23	—	\$0 23
State Hospital,	—	—	—	620	\$3 37	\$2 86	620	\$3 38	\$3 38	\$2 87	—
State Farm,	—	—	—	588	\$2 39	\$2 24	588	\$2 62	\$2 40	\$2 34	\$0 10

: Exclusive of State Colony.

TABLE VIII. — Weekly Per Capita Cost of Maintenance in State Institutions for the Year ending Nov. 30, 1908.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE IX. — Comparative Analysis of Pay Roll by Departments.

INSTITUTIONS.	MEDICAL SERVICE.					WARD SERVICE.		
	AVERAGE NUMBER PERSONS.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.	Full Quota Males.	AVERAGE NUMBER PERSONS, MALE.	
	In Service, 1908.	Average 3 Years, 1905-7.	1908.	Average 3 Years, 1905-7.			In Service, 1908.	Average 3 Years, 1905-7.
Insane hospitals:—								
Worcester,	11.91	13.02	\$83 51	\$78 10	\$0.1910	80	58.91	55.18
Taunton,	11.43	11.18	72 64	82 29	0.2054	60	57.86	52.51
Northampton,	6.00	5.22	110 42	105 05	0.1906	40	33.63	30.82
Danvers,	12.84	13.68	81 33	79 12	0.1777	62	57.97	58.39
Westborough,	11.37	11.04	88 59	85 84	0.2310	56	46.72	43.16
Totals and averages,	53.55	54.15	\$84 76	\$83 31	\$0.2007	298	255.09	240.07
Insane asylums:—								
Worcester,	8.23	6.18	\$81 34	\$89 81	\$0.1555	50	42.21	32.13
Medfield,	5.92	6.94	112 19	100 98	0.1024	61	52.71	45.93
State Colony,	2.54	..	140 31	-	0.1561	33	32.21	-
Totals and averages,	16.69	13.12 1	\$101 40	\$95 69 1	\$0.1293	144	127.13	78.06 1
Hospitals and asylums,	70.24	67.27 1	\$88 72	\$85 04 1	\$0.1745	442	382.22	318.13 1
Miscellaneous:—								
State Hospital,	11.09	8.67	\$100 17	\$100 95	\$0.1316	31	31.33	23.23
Hospital for Epileptics,	5.00	4.49	118 33	116 10	0.2078	40	41.69	33.51
Foxborough State Hospital,	4.01	4.89	109 92	100 86	0.3448	22	23.30	17.71
School for the Feeble-minded,	5.27	4.54	124 24	146 00	0.1216	23	26.32	22.65
Wrentham State School,	1.00	..	208 33	-	1.4569	1	0.85	-
Totals and averages,	26.37	-	\$114 01	-	\$0.1661	117	123.49	-
Aggregates,	96.61	-	\$95 62	-	\$0.1717	559	505.71	-

1 Exclusive of State Colony.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE IX. — Comparative Analysis of Pay Roll by Departments — Continued.

WARD SERVICE — Con.															
INSTITUTIONS.		NUMBER OF PATIENTS TO ONE NURSE.													
		AVERAGE NUMBER PERSONS, TOTALS.				MALES.		FEMALES.		TOTALS.					
		In Service, 1908.		Average 3 Years, 1903-7.		1908.		Average 3 Years, 1903-7.		1908.		Average 3 Years, 1903-7.			
		Full Quota Females.	In Service, 1908.	Average 3 Years, 1903-7.	Full Quota Totals.	In Service, 1908.	Average 3 Years, 1903-7.	1908.	Average 3 Years, 1903-7.	1908.	Average 3 Years, 1903-7.	1908.	Average 3 Years, 1903-7.		
Full Quota Females.		In Service, 1908.		Average 3 Years, 1903-7.		Full Quota Totals.		In Service, 1908.		Average 3 Years, 1903-7.		1908.		Average 3 Years, 1903-7.	
Insane hospitals:—															
	Worcester,	80	70.85	73.35	160	129.76	128.53	10.12	10.73	8.55	8.01	9.26	9.18		
	Taunton,	68	68.33	62.15	128	126.19	114.66	8.81	9.37	6.19	7.07	7.39	8.21		
	Northampton,	45	39.03	37.51	85	72.66	68.33	11.95	12.55	10.25	10.44	11.04	11.39		
	Danvers,	71	70.95	69.13	133	128.92	127.53	10.14	10.05	10.82	10.15	10.52	10.11		
	Westborough,	100	79.98	70.18	156	126.70	113.34	7.79	8.34	7.03	7.68	7.31	7.92		
Totals and averages,		364	329.14	312.32	662	584.23	552.40	9.64	10.10	8.38	8.50	8.93	9.19		
Insane asylums:—															
	Worcester,	50	43.23	33.54	100	85.44	65.67	11.30	12.04	12.03	12.24	11.67	12.13		
	Medford,	107	102.00	92.42	168	154.71	138.35	10.78	11.89	9.11	10.55	9.68	10.99		
	State Colony,	14	13.75	—	47	45.96	—	10.96	—	12.65	—	11.47	—		
Totals and averages,		171	158.98	125.96 1	315	286.11	204.02 1	11.00	11.96 1	10.21	11.01 1	10.56	11.36 1		
Hospitals and asylums,		535	488.12	438.29 1	977	870.34	756.42 1	10.09	10.55 1	8.98	9.21 1	9.47	9.77 1		
Miscellaneous:—															
	State Hospital,	94	84.32	54.29	125	115.65	77.53	—	—	—	—	16.85	20.28		
	Hospital for Epileptics,	35	37.23	29.07	75	78.92	62.59	8.54	8.28	8.08	8.54	8.32	8.40		
	Foxborough State Hospital,	—	—	—	22	23.30	17.71	12.66	11.42	—	—	12.66	11.42		
	School for the Feeble-minded,	124	120.42	105.55	147	146.74	128.20	6.90	—	12.33	—	8.47	8.39		
	Wrentham State School,	3	2.58	—	4	3.43	—	9.62	—	—	—	9.62	—		
Totals and averages,		256	244.55	—	373	368.04	—	12.45	—	9.98	—	11.35	—		
Aggregates,		791	732.67	—	1,350	1238.38	—	10.96	—	9.19	—	10.03	—		

¹ Exclusive of State Colony.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE IX. — Comparative Analysis of Pay Roll, by Departments — Continued.

WARD SERVICE — Con.										GENERAL ADMINISTRATION.	
INSTITUTIONS.	AVERAGE MONTHLY COMPENSATION.						AVERAGE WEEKLY PER CAPITA COST.		Full Quota.	AVERAGE NUMBER PERSONS.	
	MALES.		FEMALES.		TOTALS.		Average 3 Years, 1905-7.	Average 1908.			
	1908.	Average 3 Years, 1905-7.	1908.	Average 3 Years, 1905-7.	1908.	Average 3 Years, 1905-7.					
Insane hospitals: —											
Worcester, . . .	\$26 16	\$25 64	\$22 55	\$18 72	\$24 19	\$21 70	\$0.6026	\$0.5466	80	73.44	64.62
Taunton, . . .	28 35	26 51	23 09	21 25	25 50	23 66	0.7959	0.6670	82	81.64	70.82
Northampton, . . .	28 55	27 23	24 53	20 10	26 39	23 31	0.5518	0.4728	41	42.25	37.02
Danvers, . . .	28 17	26 40	24 07	19 71	25 92	22 77	0.5686	0.5201	70	64.30	60.43
Westborough, . . .	28 57	25 24	22 10	18 15	24 49	20 86	0.7731	0.6064	86	80.57	69.86
Totals and averages,	\$27 87	\$26 16	\$23 11	\$19 50	\$25 19	\$22 39	\$0 6508	\$0.5613	359	342.20	302.75
Insane asylums: —											
Worcester, . . .	\$25 94	\$25 31	\$21 76	\$17 85	\$23 83	\$21 48	\$0.4712	\$0.4102	69	50.60	53.25
Medfield, . . .	30 34	27 52	24 07	21 50	26 21	23 55	0.6250	0.4961	127	122.98	98.65
State Colony, . . .	26 54	—	20 97	—	24 88	—	0.5007	—	34	33.36	—
Totals and averages,	\$27 92	\$26 84 ¹	\$23 17	\$20 61 ¹	\$25 28	\$22 90 ¹	\$0.5525	\$0.4661 ¹	230	206.94	146.90 ¹
Hospitals and asylums, . . .	\$27 89	\$26 27 ¹	\$23 13	\$19 81 ¹	\$25 22	\$22 53 ¹	\$0.6148	\$0.5314 ¹	589	549.14	449.66 ¹
Miscellaneous: —											
State Hospital, . . .	\$25 58	\$24 17	\$23 11	\$19 89	\$23 78	\$21 17	\$0.3256	\$0.2406	71	69.53	48.15
Hospital for Epileptics, . . .	30 55	26 95	25 60	19 65	28 22	23 56	0.7823	0.6481	46	44.71	44.21
Foxborough State Hospital, . . .	30 41	29 29	—	—	30 41	29 29	0.5542	0.5939	35	30.91	17.83
School for the Feeble-minded, . . .	28 70	27 66	24 01	21 76	24 85	22 82	0.6771	0.6355	55	52.05	47.62
Wrentham State School, . . .	26 95	—	22 68	—	23 74	—	0.5695	—	4	2.97	—
Totals and averages,	\$28 84	—	\$23 93	—	\$25 58	—	\$0.5201	—	211	200.17	—
Aggregates, . . .	\$28 12	—	\$23 40	—	\$25 33	—	\$0.5829	—	800	749.31	—

¹ Exclusive of State Colony.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE IX. — *Comparative Analysis of Pay Roll, by Departments — Continued.*

INSTITUTIONS.	GENERAL ADMINISTRATION — CON.				REPAIRS AND IMPROVEMENTS.					
	AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.		Full Quota.	AVERAGE NUMBER PERSONS.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.
	1908.	Average 3 Years, 1905-7.	1908.	Average 3 Years, 1905-7.		In Service, 1908.	Average 3 Years, 1905-7.	1908.	Average 3 Years, 1905-7.	
Insane hospitals:—										
Worcester,	\$30 32	\$29 06	\$0.4275	\$0.3711	16	13.44	12.79	\$87 51	\$83 44	\$0.2258
Taunton,	30 00	27 17	0.6059	0.4745	7	—	1.81	—	76 32	—
Northampton,	32 72	34 03	0.3978	0.3736	8	7.13	7.25	64 19	59 29	0.1317
Danvers,	39 40	33 17	0.4312	0.3601	18	15.53	14.81	72 05	66 86	0.1904
Westborough,	34 97	30 42	0.7022	0.5461	9	5.40	3.50	89 59	81 50	0.1206
Totals and averages,	\$33 34	\$30 33	\$0.5045	\$0.4186	58	41.50	40.16	\$77 99	\$72 68	\$0.1431
Insane asylums:—										
Worcester,	\$45 21	\$26 45	\$0.5295	\$0.4035	15	11.99	13.13	\$80 55	\$61 62	\$0.2235
Medfield,	30 30	28 73	0.5744	0.4103	16	13.85	13.65	74 93	66 21	0.1600
State Colony,	31 97	..	0.4671	—	4	2.79	—	68 77	—	0.0840
Totals and averages,	\$34 21	\$27 90 ¹	\$0.5409	\$0.4085 ¹	35	28.63	26.78 ¹	\$76 68	\$62 02 ¹	\$0.1677
Hospitals and asylums,	\$33 67	\$29 33 ¹	\$0.5178	\$0.4154 ¹	93	70.13	66.94 ¹	\$77 45	\$67 84 ¹	\$0.1521
Miscellaneous:—										
State Hospital,	\$38 80	\$34 52	\$0.3104	\$0.2419	12	5.78	4.61	\$71 95	\$56 35	\$0.0492
Hospital for Epileptics,	30 20	27 12	0.4743	0.5271	6	3.94	3.99	71 01	65 81	0.0983
Foxborough State Hospital,	31 32	32 22	0.7976	0.6661	3	1.94	0.47	28 39	30 15	0.0431
School for the Feeble-minded,	33 83	32 93	0.3270	0.3253	9	8.28	7.44	89 53	80 48	0.1376
Wrentham State School,	25 42	..	0.5279	—	1	0.39	—	77 61	..	0.2117
Totals and averages,	\$34 49	—	\$0.3814	—	31	20.33	—	\$66 68	—	\$0.0841
Aggregates,	\$33 89	—	\$0.4720	—	124	90.46	—	\$76 88	—	\$0.1292

¹ Exclusive of State Colony.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE IX. — Comparative Analysis of Pay Roll, by Departments — Continued.

INSTITUTIONS.	FARM, STABLE AND GROUNDS.					ALL PERSONS EMPLOYED.				
	Full Quota.	AVERAGE NUMBER PERSONS.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.		Full Quota.	AVERAGE NUMBER PERSONS.	
		In Service, 1908.	Average 3 Years, 1905-7.	1908.	Average 3 Years, 1905-7.	1908.	Average 3 Years, 1905-7.			
Insane hospitals:—										
Worcester,	45	41.28	36.22	\$29 34	\$0.2925	317	269.83	255.18		
Taunton,	17	18.47	21.01	36 86	0.1684	246	237.73	219.48		
Northampton,	20	21.73	18.84	39 61	0.2477	160	149.77	136.66		
Danvers,	29	29.57	25.89	37 14	0.1869	265	251.16	242.34		
Westborough,	22	27.92	26.33	32 04	0.2230	284	251.96	224.07		
Totals and averages,	133	138.97	128.29	\$34 15	\$0.2098	1,272	1,160.45	1,077.75		
Insane asylums:—										
Worcester,	29	39.63	18.68	\$30 37	\$0.2786	222	195.89	156.91		
Medfield,	35	34.34	30.70	29 51	0.1562	352	331.80	283.29		
State Colony,	7	6.23	—	45 21	0.1233	95	90.88	—		
Totals and averages,	71	80.20	49.38 1	\$31 16	\$0.1909	669	618.57	440.20 1		
Hospitals and asylums,	204	219.17	177.67 1	\$33 05	\$0.2029	1,941	1,779.02	1,517.96 1		
Miscellaneous:—										
State Hospital,	30	27.90	19.24	\$28 58	\$0.0944	250	229.95	158.20		
Hospital for Epileptics,	18	17.67	18.47	38 19	0.2370	150	150.24	133.75		
Foxborough State Hospital,	9	7.63	6.63	27 92	0.1667	73	67.79	47.43		
School for the Feeble-minded,	29	35.91	19.09	26 67	0.1778	245	248.25	206.89		
Wrentham State School,	4	3.09	—	30 04	0.6491	14	10.88	—		
Totals and averages,	90	92.20	—	\$29 67	\$0.1512	732	707.11	—		
Aggregates,	294	311.37	—	\$32 05	\$0.1855	2,673	2,486.13	—		

1 Exclusive of State Colony.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE IX. — *Comparative Analysis of Pay Roll, by Departments — Concluded.*

INSTITUTIONS.	ALL PERSONS EMPLOYED.				EXTRA SERVICE.		
	NUMBER OF PERSONS TO ONE EMPLOYEE.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.		COST OF LABOR NOT ON PAY ROLL.
	1908.	Average 3 Years, 1903-7.	1908.	Average 3 Years, 1903-7.	1908.	Average 3 Years, 1903-7.	
Insane hospitals:—							
Worcester,	4.45	4.60	\$32 42	\$30 56	\$1.6794	\$1.5332	\$32 40
Taunton,	3.92	4.27	30 20	29 28	1.7756	1.5810	7,279 40
Northampton,	5.35	5.71	35 26	33 21	1.5196	1.3492	3,808 29
Danvers,	5.40	5.32	36 38	32 89	1.5548	1.4253	813 12
Westborough,	3.68	4.01	32 96	29 18	2.0699	1.6785	1,740 88
Totals and averages,	4.50	4.71	\$33 30	\$30 88	\$1.7089	\$1.5127	1,901 01
Insane asylums:—							882 66
Worcester,	5.09	5.07	\$36 57	\$30 01	\$1.6583	\$1.3686	\$8,908 93
Medfield,	4.51	5.39	31 63	29 73	1.6180	1.2545	\$1,520 61
State Colony,	5.80	—	33 45	—	1.3312	—	106 84
Totals and averages,	4.88	5.29 ¹	\$33 47	\$29 85 ¹	\$1.5813	\$1.3099 ¹	128 68
Hospitals and asylums,	4.63	4.88 ¹	\$33 36	\$30 36 ¹	\$1.6621	\$1.4491 ¹	\$1,756 13
Miscellaneous:—							\$10,665 06
State Hospital,	8.47	9.97	\$33 80	\$31 44	\$0.9202	\$0.7270	\$2,448 31
Hospital for Epileptics,	4.37	3.93	34 10	30 02	1.7997	1.7651	3,213 69
Foxborough State Hospital,	4.35	4.23	35 95	37 61	1.9064	2.0471	1,719 78
School for the Feeble-minded,	5.01	5.12	31 27	30 63	1.4411	1.3758	1,787 65
Wrentham State School,	3.03	—	44 88	—	3.4151	—	2,936 93
Totals and averages,	5.91	—	\$33 35	—	\$1.3029	—	718 57
Aggregates,	4.99	—	\$33 36	—	\$1.5413	—	\$11,105 15
							\$21,776 21

¹ Exclusive of State Colony.

GENERAL STATISTICS.

CLASSES OF PERSONS UNDER SUPERVISION.

TABLE X. — *Classes of Persons under Supervision, their Number and Location, Oct. 1, 1908, and their Increase for the Year.*

	NUMBER.		INCREASE FOR THE YEAR.		NON-RESIDENT.		EPILEPTIC.		CRIMINAL.	OTHER CLASSES.								TOTAL INMATES.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								

1 Decrease.

2 Includes 1 man, 5 women placed in family care by trustees.

CLASSES OF PERSONS UNDER SUPERVISION.

TABLE X.—*Classes of Persons under Supervision, etc.—Concluded.*

	NUMBER.			INCREASE FOR THE YEAR.			NON-RESIDENT.			EPILEPTICS.			SCHOOL.			CUSTODIAL.			OTHER CLASSES.			TOTAL INMATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
B.—Feeble-minded:—																								
School for the Feeble-minded,	744	539	1,283	41	24	65	32	31	63	7	9	16	427	232	659	317	307	624	—	—	—	744	539	1,283
Wrentham State School,	49	—	49	39	—	39	—	—	—	—	—	—	24	—	24	25	—	25	—	—	—	49	—	49
Hospital Cottages,	7	9	16	11	—	11	—	—	—	—	—	—	5	6	11	6	4	10	64	41	105	71	50	121
Dr. Brown's Institution,	43	15	58	41	2	43	29	10	39	4	2	6	20	10	30	23	5	28	—	—	—	43	15	58
Almshouses, ²	106	87	193	11	41	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	106	87	193
Total feeble-minded,	949	650	1,599	86	22	108	61	41	102	11	11	22	472	247	719	371	316	687	64	41	105	1,013	691	1,704
C.—Inebriates:—																								
Foxborough Hospital,	87	—	87	31	—	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insane hospitals,	—	24	24	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private institutions,	2	2	4	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total inebriates,	89	26	115	31	11	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
D.—Epileptics:—																								
Hospital for Epileptics,	381	306	687	79	38	117	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insane hospitals,	107	71	178	21	3	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insane asylums,	127	91	218	13	—	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
School for the Feeble-minded,	7	9	16	363	171	534	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hospital Cottages,	54	32	86	11	11	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Family care,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private institutions,	6	6	12	11	1	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total epileptics,	682	516	1,198	52	22	74	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whole number of persons under supervision,	6,895	6,905	13,800	517	435	952	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Viz.: Insane, feeble-minded, epileptic and inebriate,	6,865	6,817	13,682	515	432	947	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Voluntary mental patients (sine),	7	25	32	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other classes,	23	63	86	1	11	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

¹ Decrease.² Figures taken from reports of Overseers of Poor, March 1, 1908.

ADMISSIONS, DISCHARGES, ETC.

TABLE XI. — *Admissions, Discharges, etc., of the Insane in Institutions and boarded in Private Families for the Year ending Sept. 30, 1908.*

	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	Insane Wards State Hospital.	Worcester Asylum.	Medfield Asylum.	State Colony.
Remaining Sept. 30, 1907,										
Men,	1,153	910	725	1,251	869	760	612	975	1,449	462
Women,	584	490	361	543	349	333	186	469	538	311
	569	420	364	708	520	427	426	506	911	131
Admitted within the year,										
Men,	641	540	367	790	554	477	227	135	196	120
Women,	354	310	184	421	234	175	63	57	111	81
By commitment,	287	230	183	369	320	302	164	78	85	39
Men,	507	428	322	629	404	382	114	—	—	—
Women,	265	252	158	337	172	147	55	—	—	—
By transfer,	242	176	164	292	232	235	59	—	—	—
From visit,	23	18	4	30	15	7	102	128	193	114
From escape,	6	13	5	1	22	21	—	1	—	3
Nominally for discharge,	96	80	31	114	112	67	8	6	3	2
Whole number of cases within the year,	1,794	1,450	1,092	2,041	1,423	1,297	839	1,110	1,645	582
Dismissed within the year,										
Men,	584	552	266	662	538	423	178	75	76	40
Women,	332	306	115	368	247	180	67	38	30	27
Viz.: Discharged,	252	246	151	294	291	243	111	37	46	13
Men,	225	170	108	312	210	130	31	8	5	3
Women,	137	97	54	185	82	40	14	5	2	2
Recovered,	88	73	54	127	128	90	17	3	3	1
Men,	84	49	32	88	87	28	4	—	—	—
Women,	42	24	16	63	36	6	3	—	—	—
Capable of self-support,	42	25	16	25	51	22	1	—	—	—
Improved,	56	24	24	88	28	20	1	3	3	3
Not improved,	37	62	32	80	48	49	19	3	1	1
Not insane,	46	23	19	53	47	33	7	2	1	—
	2	—	1	3	—	—	—	—	—	—

ADMISSIONS, DISCHARGES, ETC.

Died,	120	132	91	205	105	127	106	48	64	16
Men,	77	76	43	113	62	54	36	20	23	12
Women,	43	56	48	92	43	73	70	28	41	4
Transferred,	158	177	32	113	96	62	17	7	1	14
On visit Sept. 30, 1908,	63	71	27	28	121	104	13	9	4	7
On escape Sept. 30, 1908,	18	2	8	4	6	-	11	3	2	-
Remaining Sept. 30, 1908,										
Men,	1,210	898	826	1,379	885	814	661	1,035	1,569	542
Women,	606	494	430	596	336	328	182	488	619	365
Supported by the State,	604	404	396	783	549	486	479	547	950	177
Reimbursing,										
Private,	941	734	631	1,122	643	682	658	1,008	1,527	536
Daily average number,										
State,	1,180.59	928.50	788.39	1,329.12	899.41	773.70	612.45	987.48	1,475.51	514.86
Reimbursing,	932.87	774.87	602.38	1,084.05	670.92	647.11	610.70	961.29	1,432.68	509.54
Private,	84.27	67.13	70.17	117.05	65.38	19.79	1.75	26.19	42.83	5.32
	163.45	86.50	115.84	128.02	163.11	106.80	-	-	-	-
Persons first admitted to any insane hospital,										
Men,	409	342	251	500	301	310	102	-	-	-
Women,	221	206	127	273	142	121	50	-	-	-
Recent (insane less than one year),	188	136	124	227	159	189	52	-	-	-
Chronic (insane one year or more),	239	96	127	332	161	180	9	-	-	-
Unknown,	152	112	119	159	86	124	28	-	-	-
	18	134	5	9	54	6	65	-	-	-
Persons admitted by commitment,										
Viz.: From cities and large towns,	505	428	320	621	401	382	114	-	-	-
From country districts,	423	304	220	554	284	381	106	-	-	-
	82	124	100	67	117	1	8	-	-	-
Whole number of persons within the year,	1,695	1,366	1,058	1,909	1,304	1,167	831	1,104	1,642	580
Whole number of persons admitted within the year,	546	458	334	669	436	410	219	129	193	118
Whole number of persons dismissed within the year,	490	471	235	546	424	356	170	69	73	38

1 Includes 3 discharged from sane classification, and admitted as insane.

ADMISSIONS, DISCHARGES, ETC.

TABLE XI. — Admissions, Discharges, etc., of the Insane in Institutions and boarded in Private Families for the Year ending Sept. 30, 1908 — Concluded.

	Hospital for Epileptics.	Asylum for Insane Criminals.	Foxborough Hospital.	Total Public Institutions.	Family Care.	Total Public.	McLean Hospital.	Smaller Institutions.	Total Private.	Total Public and Private.
Remaining Sept. 30, 1907,										
Men,	291	567	178	10,202	275	10,477	505	86	291	10,768
Women,	156	567	178	5,065	13	5,078	97	18	115	5,193
	135			9,137	262	5,339	108	68	176	5,515
Admitted within the year,										
Men,	106	111	71	4,335	49	4,384	180	83	263	4,647
Women,	67	111	71	2,239	3	2,242	83	24	107	2,349
By commitment,	39			2,096	46	2,142	97	50	156	2,298
Men,	100	97		2,983		2,983	161	79	240	3,223
Women,	63	97		1,546		1,546	71	93	94	1,640
By transfer,	37			1,437		1,437	90	56	146	1,583
From visit,	2		70	711	37	748	8	4	12	760
From escape,		5		88		88	1	1	1	89
Nominally for discharge,		9		20		20	1		1	21
	4		1	533	12	545	9		9	554
Whole number of cases within the year,	397	678	249	14,537	324	14,861	385	169	554	15,415
Dismissed within the year,										
Men,	47	68	37	3,546	80	3,626	168	77	245	3,871
Women,	21	68	37	1,839	5	1,844	85	22	107	1,951
Viz.: Discharged,	23			1,707	75	1,782	83	55	138	1,920
Men,	10	36	3	1,251	16	1,267	125	50	175	1,442
Women,	6	36	3	663	2	665	61	10	71	736
Recovered,	4			588	14	602	64	40	104	706
Men,		8		380		380	42	18	60	440
Women,		8		198		198	21	3	24	222
Capable of self-support,				182		182	21	15	36	218
Improved,		13		272	11	283	12		12	295
Not improved,	10		3	318	4	322	48	20	68	420
Not insane,		9		241	1	242	23	11	34	276
		4		10		10		1	1	11

ADMISSIONS, DISCHARGES, ETC.

Died,	26	24	25	1,089	7	1,096	21	14	35	1,131
Men,	12	24	25	577	—	577	12	6	18	595
Women,	14	—	25	512	7	519	9	8	17	536
Transferred,	—	2	—	681	52	733	17	10	27	760
On visit Sept. 30, 1908,	—	6	5	461	4	465	5	3	8	473
On escape Sept. 30, 1908,	1	—	2	64	1	65	—	—	—	65
Remaining Sept. 30, 1908,	350	610	212	10,991	244	11,235	217	92	309	11,544
Men,	199	610	212	5,465	11	5,476	95	20	115	5,591
Women,	151	—	—	5,526	233	5,759	122	72	194	5,953
Supported by the State,	333	610	211	9,636	209	9,845	—	—	—	9,845
Reimbursing,	11	—	1	563	6	569	—	—	—	569
Private,	6	—	—	792	291	821	217	92	309	1,130
Daily average number,	324.12	579.20	187.66	10,580.99	251.09	10,832.08	213.15	93.04	306.19	11,138.27
State,	310.20	576.88	187.66	9,301.13	216.73	9,517.88	—	—	—	9,517.88
Reimbursing,	8.58	2.32	—	510.78	3.46	516.24	—	—	—	516.24
Private,	5.34	—	—	769.06	28.90	797.96	213.15	93.04	306.19	1,104.15
Persons first admitted to any insane hospital,	—	77	—	2,383	—	2,383	108	64	172	2,555
Men,	91	77	—	1,275	—	1,275	49	18	67	1,342
Women,	83	—	—	1,108	—	1,108	59	46	105	1,213
Recent (insane less than one year),	91	47	—	1,282	—	1,282	78	53	131	1,413
Chronic (insane one year or more),	—	24	—	804	—	804	30	11	41	845
Unknown,	—	6	—	297	—	297	—	—	—	297
Persons admitted by commitment,	100	97	—	2,962	—	2,962	155	77	232	3,187
Viz.: From cities and large towns,	62	82	—	2,412	—	2,412	117	62	179	2,586
From country districts,	38	15	—	550	—	550	38	15	53	601
Whole number of persons within the year,	393	668	248	13,320	312	13,631	371	167	526	14,041
Whole number of persons admitted within the year,	102	102	70	3,064	37	3,064	166	81	237	3,297
Whole number of persons dismissed within the year,	43	59	36	2,325	70	2,351	158	76	226	2,560

¹ Includes 15 self-supporting and 6 living with friends without public aid.

FORMS OF MENTAL DISEASE, ETC.

TABLE XII. — *Forms of Mental Disease in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital.*

	COMMITMENTS.								DISCHARGES -- RECOVERIES AND CAPABLE OF SELF-SUPPORT.								
	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Insane Hospital.	McLean Hospital.	Other Institutions.	Total Commitments.	WORCESTER HOSPITAL.		TAUNTON HOSPITAL.		NORTHAMPTON HOSPITAL.		DANVERS HOSPITAL.	
										Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.
First admitted to any hospital: --																	
A. -- Most curable: --																	
Acute hallucinosis,	40	33	51	46	34	61	52	4	321	2	5	11	6	1	3	13	9
Manic-depressive insanity,									1								
Melancholia, acute,									1								
Insanity of pregnancy,									1								
Confusional insanity, acute,									1								
Amentia,									1								
Hysterical insanity,									1								
Neurasthenia,									1								
Alcoholic insanity, acute,	20	23	20	42	12	19	2	3	17	1							
Toxic insanity, acute,	1	2	2	8	4	1	1	3	149	1	2	22	2	1	3	39	2
Delirium, acute,	5	10	1	5		2		2	23	5	1	2	1				
Psychosis with somatic disease,									5								
Compulsive insanity,									5								
Total A,	68	69	74	113	72	78	67	29	560	59	36	27	9		6	63	20
B. -- Less curable: --																	
Mania, chronic,																	
Melancholia, chronic,																	
Involution psychosis,	18	18	10	20	19	23	1		109	1		1	3		1		
Chorea insanity,									1								
Psychopathic inferiority,	17	5		8	1		4		34								
Traumatic insanity,		6			1				7							1	1
Myxedematous insanity,						1			1							1	1

FORMS OF MENTAL DISEASE, ETC.

Alcoholic insanity, chronic,	30	20	19	31	12	23	1	30	166	5	—	—	4	—	5	—	6
Toxic insanity, chronic,	—	—	—	3	—	—	—	—	3	—	—	—	—	—	—	—	1
Korsakov's psychosis,	—	4	—	3	—	1	—	—	8	—	—	—	2	—	—	—	9
Dementia praecox,	116	88	36	87	62	40	10	42	481	20	1	—	—	—	4	—	—
Dementia, secondary,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia,	—	1	5	—	9	2	1	—	18	—	—	—	—	—	—	—	2
Paranoid condition,	33	6	—	10	—	—	4	—	53	4	—	—	1	—	—	—	1
Graves disease,	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—
Total B,	214	148	70	162	104	90	22	72	882	31	2	—	1	1	10	3	21
Total A, B,	282	217	144	275	176	163	79	101	1,442	39	61	—	37	30	16	66	41
C.—Most incurable:—																	
General paralysis,	54	22	9	36	23	41	8	14	207	1	—	—	—	—	—	—	4
Coarse brain lesions,	13	9	11	37	23	9	6	14	122	—	—	—	—	—	—	—	2
Epileptic insanity,	13	12	8	13	8	8	1	95	158	1	—	—	—	—	—	—	2
Imbecility,	8	13	27	30	14	16	—	18	126	1	—	—	1	—	—	—	3
Senile insanity,	38	47	51	75	53	59	3	26	352	—	—	—	—	—	—	—	—
Total C,	126	103	106	191	121	133	18	167	965	3	—	—	—	1	—	—	11
Total A, B, C,	498	320	250	466	297	301	97	268	2,407	42	61	—	37	31	16	66	52
D.—Undiagnosed:—																	
Not insane,	—	22	—	31	4	9	11	—	77	—	—	—	—	1	—	—	7
Total D,	1	22	1	34	4	9	11	2	84	—	—	—	—	1	—	—	7
Total first admissions,	409	342	251	500	301	310	108	270	2,491	42	61	—	37	32	16	66	59
Other admissions:—																	
A.—Most curable:—																	
Manic-depressive insanity,	42	32	16	47	29	25	29	5	225	4	21	—	7	4	1	11	13
Insanity of pregnancy,	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Confusional insanity, acute,	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—
Amnesia,	—	—	—	—	1	—	2	—	5	—	—	—	—	—	—	—	—
Hysterical insanity,	—	—	—	2	1	—	—	2	3	—	—	—	—	—	—	—	1
Neurasthenia,	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic insanity, acute,	3	3	2	2	3	4	—	1	18	2	2	—	3	—	2	7	3
Toxic insanity, acute,	—	—	—	1	1	—	—	1	3	—	—	—	—	—	1	—	—
Delirium, acute,	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
Total A,	45	35	18	53	35	31	31	9	257	5	23	—	10	4	2	19	17

FORMS OF MENTAL DISEASE, ETC.

Alcoholic insanity, chronic,	.	.	.	.	.	.	.	.	.	1	28	16	7	52	18	70
Toxic insanity, chronic,	.	.	.	.	.	.	.	.	.	1	3	—	—	7	2	9
Korsakow's psychosis,	.	.	.	.	.	.	.	.	.	4	—	—	—	—	2	9
Dementia praecox,	.	.	.	.	11	7	.	.	4	13	58	95	64	230	75	305
Dementia, secondary,	.	.	.	.	.	.	.	.	.	—	—	2	1	3	50	53
Paranoia,	.	.	.	.	3	.	.	.	.	—	3	5	3	11	10	21
Paranoid condition,	.	.	.	.	.	.	.	.	.	2	7	5	8	22	7	29
Graves disease,	.	.	.	.	.	.	.	.	.	—	—	—	—	—	1	1
Total B,	.	.	.	.	16	15	.	.	6	30	114	153	94	391	205	596
Total A, B,	.	.	.	.	68	19	.	.	10	314	174	217	115	820	281	1,101
C.—Most incurable:—																
General paralysis,	.	.	.	.	.	.	.	.	.	—	6	17	19	42	136	178
Coarse brain lesions,	.	.	.	.	.	.	.	.	1	1	3	10	8	22	100	122
Epileptic insanity,	.	.	.	.	1	.	.	.	—	—	4	17	7	28	44	72
Inebriety,	.	.	.	.	.	.	.	.	3	—	8	11	17	36	24	60
Senile insanity,	.	.	.	.	1	.	.	.	—	—	1	15	17	33	266	299
Total C,	.	.	.	.	—	2	.	.	3	1	22	70	68	161	570	731
Total A, B, C,	.	.	.	.	68	21	.	.	15	315	196	287	183	981	851	1,832
D.—Undiagnosed,	.	.	.	.	.	.	.	.	—	—	9	18	2	29	3	32
Not insane,	.	.	.	.	.	.	.	.	—	—	—	—	8	8	8	8
Total D,	.	.	.	.	—	—	.	.	—	—	9	18	10	37	3	40
Total first admissions	.	.	.	.	68	21	.	.	15	315	205	305	193	1,018	854	1,872
Other admissions:—																
A.—Most curable:—																
Manic-depressive insanity,	.	.	.	.	15	3	.	.	2	81	33	26	8	148	36	184
Insanity of pregnancy,	.	.	.	.	—	—	.	.	—	—	—	1	1	1	—	1
Confusional insanity, acute,	.	.	.	.	—	—	.	.	—	—	—	—	—	—	—	—
Amentia,	.	.	.	.	—	—	.	.	1	—	1	2	—	3	—	3
Hysterical insanity,	.	.	.	.	—	—	.	.	—	—	1	1	1	3	1	4
Neurasthenia,	.	.	.	.	—	—	.	.	—	15	5	2	—	22	—	22
Alcoholic insanity, acute,	.	.	.	.	1	1	.	.	—	—	1	—	—	1	—	1
Toxic insanity, acute,	.	.	.	.	—	—	.	.	—	—	—	—	—	—	—	—
Delirium, acute,	.	.	.	.	—	—	.	.	—	1	—	—	1	2	—	2
Total A,	.	.	.	.	16	4	.	.	3	97	41	32	11	181	37	218

C.—Most incurable:—

General paralysis,

Coarse brain lesions,

Epileptic insanity,

Inebriety,

Senile insanity,

Total C,

Total A, B, C,

D.—Undiagnosed,

Not insane,

Total D,

Total first admissions

Other admissions:—

A.—Most curable:—

Manic-depressive insanity,

Insanity of pregnancy,

Confusional insanity, acute,

Amentia,

Hysterical insanity,

Neurasthenia,

Alcoholic insanity, acute,

Toxic insanity, acute,

Delirium, acute,

Total A,

FORMS OF MENTAL DISEASE, ETC.

TABLE XII. — *Forms of Mental Disease in Patients committed, discharged or who died at Public Institutions for the Insane and McLean Hospital — Continued.*

	COMMITMENTS.								DISCHARGES — RECOVERIES AND CAPABLE OF SELF-SUPPORT.					
	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Insane Hospital.	McLean Hospital.	Other Institutions.	Total Commitments.	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Capable of Self-support.
B. — Less curable: —														
Mania, chronic.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Melancholia, chronic.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Involution psychosis.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Choreic insanity.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychopathic inferiority.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic insanity.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Myxedematous insanity.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholic insanity, chronic.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Toxic insanity, chronic.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Korsakow's psychosis.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dementia præcox.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dementia, secondary.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Paranoia.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Paranoid condition.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Delusional insanity.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total B.	43	37	33	49	51	33	14	14	274	9	2	4	4	9
Total A, B.	88	72	51	102	86	64	45	23	531	23	12	6	19	26
C. — Most incurable: —														
General paralysis.	4	1	1	3	3	3	4	1	19	1	1	1	1	1
Coarse brain lesions.	1	3	1	3	3	3	3	10	7	1	1	1	1	1
Epileptic insanity.	3	3	2	3	3	2	1	1	26	1	1	1	1	1

FORMS OF MENTAL DISEASE, ETC.

	1	2	6	8	4	1	-	5	27	2	1	-	-	-	-	-	-	-	2	1	-
Imbecility,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sentile insanity,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Total C,	10	11	20	19	15	8	6	16	105	2	1	26	-	-	-	-	-	-	2	-	-
Total A, B, C,	98	83	71	121	101	72	51	39	636	8	8	19	4	4	4	4	4	4	8	19	27
D.—Undiagnosed,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Not insane,	-	3	-	8	2	-	2	-	15	-	-	3	-	-	-	-	-	-	-	3	2
Total D,	-	3	-	8	2	-	2	2	17	-	-	3	-	-	-	-	-	-	-	3	2
Total other admissions,	98	86	71	129	103	72	53	41	653	23	14	22	4	4	4	4	4	4	8	22	29
Aggregates:—																					
Total A,	113	104	92	166	107	109	88	38	817	82	13	46	13	31	31	31	31	31	8	82	37
Total B,	257	185	103	211	155	133	36	86	1,156	2	40	3	21	1	1	1	1	1	14	3	30
Total C,	136	114	126	210	136	141	24	183	1,070	-	3	-	1	1	1	1	1	1	2	-	12
Total D,	1	25	1	42	6	9	13	4	101	-	-	-	-	-	-	-	-	-	-	3	9
Grand total,	507	428	322	629	404	382	161	311	3,144	84	56	49	36	32	32	32	32	32	24	88	88

FORMS OF MENTAL DISEASE, ETC.

TABLE XII. — *Forms of Mental Disease in Patients committed, discharged or who died at Public Institutions for the Insane and McLean Hospital — Concluded.*

[illegible]

[illegible]

PROBABLE CAUSES OF MENTAL DISEASE, ETC.

Measles,	1	2	55	1,642	727	915	164	188	352	126	109	235	323	117	440
Meningitis,	3	55						2	2	-	1	1	-	-	-
Menopause,	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
Menstrual disorders,	-	-	-	-	-	-	-	1	1	-	3	3	-	-	-
Myxedema,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nephritis,	4	-	-	-	-	-	-	-	-	-	3	3	-	-	-
Operation, surgical,	14	19	33	2	4	1	2	7	9	2	2	9	2	16	34
Pneumonia, lobar,	2	-	5	1	1	1	1	1	2	-	1	1	-	-	3
Privation,	1	4	1	1	1	1	1	1	1	-	-	-	-	-	24
Puberty,	-	1	1	1	1	1	1	-	-	-	-	-	-	-	-
Rickets,	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sarcoma,	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet fever,	164	170	334	2	1	1	5	13	18	16	7	23	18	16	34
Senility,	18	41	59	4	4	1	4	7	11	1	8	9	2	1	3
Somatic disease,	69	18	87	1	12	1	12	1	12	5	2	7	21	3	24
Syphilis,	-	1	1	1	3	1	3	1	1	3	-	7	4	-	4
Tea,	24	9	33	1	-	1	-	-	3	3	4	7	-	-	-
Traumatism,	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Vaccination,	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Whooping-cough,	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Total physical,	915	727	1,642	1,642	727	915	164	188	352	126	109	235	323	117	440
B. — Mental: —															
Disappointment,	-	4	4	4	4	-	-	2	2	-	1	1	-	-	-
Domestic trouble,	-	8	8	8	8	-	-	-	-	-	1	1	-	-	-
Emotional stress,	-	4	4	4	4	-	-	1	1	-	3	3	-	-	-
Fright,	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-
Grief,	4	17	21	21	17	4	3	-	3	-	3	3	-	-	-
Organic nervous disease,	3	-	3	3	-	3	1	-	1	1	2	2	-	-	-
Overstudy and ill-health,	1	4	5	5	4	1	1	1	1	-	-	-	-	-	-
Overwork,	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
Worry and other causes,	42	75	117	117	75	42	6	17	23	11	11	22	9	1	10
Total mental,	51	113	164	164	113	51	10	21	31	12	21	33	9	1	10
Totals,	966	840	1,806	1,806	840	966	174	209	383	138	130	268	332	118	450
Unknown,	357	326	683	683	326	357	26	40	66	29	36	65	12	3	15
Not insane,	1	1	2	2	-	1	-	-	-	-	-	-	-	-	-
Totals,	1,324	1,167	2,491	2,491	1,167	1,324	200	249	449	167	166	333	344	121	465

DURATION OF MENTAL DISEASE, ETC.

TABLE XIV. — *Duration of Mental Disease and its Treatment in Persons who recovered or died at Public Institutions for the Insane and McLean Hospital.*

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.			WHOLE DURATION.			ALL OTHER ADMISSIONS.		
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.
A. — Recovered: —									
Under 1 month,	78	59	137	14	8	22	—	1	1
From 1 to 3 months,	42	30	72	78	46	124	2	—	2
3 to 6 months,	16	15	31	47	45	92	6	7	12
6 to 12 months,	14	9	23	25	22	47	11	13	24
1 to 2 years,	4	7	11	14	10	24	5	19	24
2 to 5 years,	7	5	12	—	5	5	13	19	32
5 to 10 years,	3	4	7	1	—	1	2	6	8
10 to 20 years,	2	—	2	—	—	—	—	—	—
Over 20 years,	—	—	—	—	—	—	—	—	—
Totals,	166	129	295	179	136	315	38	65	103
Unknown,	13	7	20	—	—	—	2	2	4
Totals,	179	136	315	179	136	315	40	67	107
Average of known cases (in months),	7.15	6.58	6.90	4.82	5.84	5.24	20.23	22.20	21.47
							12.59	17.03	15.37

DURATION OF MENTAL DISEASE, ETC.

TABLE XIV. — Duration of Mental Disease and its Treatment in Persons who recovered or died at Public Institutions for the Insane and McLean Hospital — Concluded.

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.			WHOLE DURATION.			ALL OTHER ADMISSIONS.		
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.
B. — Died: —									
Congenital,	11	8	19	—	—	—	4	—	4
Under 1 month,	61	44	105	79	58	137	13	1	14
From 1 to 3 months,	67	32	99	68	46	114	32	—	32
3 to 6 months,	40	24	64	59	25	84	37	9	46
6 to 12 months,	53	26	79	62	55	117	31	26	57
1 to 2 years,	66	50	116	64	31	95	63	40	103
2 to 5 years,	67	68	135	84	74	158	129	71	200
5 to 10 years,	24	41	65	42	40	82	59	63	122
10 to 20 years,	7	20	27	16	30	46	25	52	77
Over 20 years,	10	12	22	11	10	21	16	28	44
Totals,	406	325	731	485	369	854	406	325	731
Unknown,	79	44	123	—	—	—	79	44	123
Totals,	485	369	854	485	369	854	485	369	854
Average of known cases (10 months),	30.07	49.17	38.56	30.91	42.72	36.01	55.71	81.04	66.97

NATIVITY AND PARENTAGE OF INSANE PERSONS, ETC.

TABLE XV. — *Nativity and Parentage of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital, who were received for the First Time at Any Hospital.*

PLACES OF NATIVITY.	1908.									FIVE YEARS, 1904-1908.		
	MEN.			WOMEN.			TOTALS.			Patients.	Fathers.	Mothers.
	Patients.	Fathers.	Mothers.	Patients.	Fathers.	Mothers.	Patients.	Fathers.	Mothers.			
Massachusetts,	553	191	250	415	171	181	968	432	431	4,400	1,887	1,916
Other New England States,	132	129	138	131	105	111	263	234	249	1,216	1,185	1,167
Other States,	80	63	58	78	67	69	188	130	127	697	482	503
Total native,	765	453	446	624	343	361	1,389	796	807	6,313	3,554	3,586
Other countries:—												
Africa,	—	—	—	—	—	—	—	—	—	4	6	4
Armenia,	—	1	1	—	—	—	—	1	1	17	17	16
Asia,	—	—	—	—	—	—	—	—	—	1	1	1
At Sea,	—	1	—	1	—	—	—	—	—	2	—	—
Australia,	—	—	—	—	—	—	—	—	—	—	—	—
Austria,	12	12	12	5	5	5	17	17	17	80	75	72
Azores,	6	5	4	3	3	3	9	8	7	46	52	47
Barbadoes Islands,	—	—	—	—	—	—	—	—	—	2	3	4
Belgium,	—	—	—	1	1	1	1	1	1	5	5	5
Bolivia,	—	—	—	—	—	—	—	—	—	4	4	3
Bohemia,	1	1	1	—	—	—	1	1	1	1	2	2
Bulgaria,	—	—	—	—	—	—	—	—	—	—	—	—
Canada,	133	157	163	115	124	121	248	281	284	1,186	1,203	1,250
Cape Verde Islands,	3	6	5	1	1	1	4	7	6	20	19	18
China,	—	—	—	—	—	—	—	—	—	11	10	10
Denmark,	1	1	1	1	2	1	2	3	2	7	9	6
East Indies,	—	—	—	—	—	—	—	—	—	—	—	—
England,	55	78	72	49	72	60	104	150	132	492	631	590
Finland,	7	6	6	8	8	6	15	14	12	84	77	75
France,	—	2	2	2	2	3	2	4	5	26	47	42
Germany,	24	40	35	10	23	19	34	63	54	196	296	286
Greece,	5	6	5	—	—	—	6	6	5	21	24	23
Holland,	—	—	—	1	1	1	1	1	1	9	9	8
India,	—	—	—	—	—	1	—	—	1	4	—	3
Ireland,	151	330	341	263	412	408	404	742	749	1,906	3,427	3,430

NATIVITY AND PARENTAGE OF INSANE PERSONS, ETC.

Italy,	29	30	28	7	10	9	36	40	37	165	169	164
Lithuania,	.	1	1	.	.	.	1	1	1	2	1	1
Macedonia,	.	7	8	.	.	.	11	7	11	20	20	23
Mexico,	.	2	2	4	1	3	4	6	5	27	27	24
New Brunswick,	.	2	1	2	4	3	4	7	9	28	34	33
Newfoundland,	.	4	5	3	2	3	15	12	13	40	33	34
Norway,	.	11	2	3	10	10	16	13	13	61	53	53
Nova Scotia,	.	8	8	5	5	5	5	1	1	22	17	15
Poland,	.	5	2	1	1	1	3	2	2	7	6	6
Porto Rico,	.	3	2	.	.	.	3	2	2	1	1	1
Portugal,	.	2	2	.	.	.	3	2	2	7	6	6
Prince Edward Island,	.	.	.	.	.	.	.	.	.	.	.	.
Prussia,	.	.	.	.	.	.	.	.	.	.	.	.
Romania,	.	.	.	.	.	.	.	.	.	.	.	.
Russia,	29	30	30	20	20	20	49	50	50	244	252	248
Sandwich Islands,	.	1	1	15	24	24	28	43	40	149	263	231
Scotland,	13	19	16	.	.	.	.	.	.	.	.	.
Sicily,	.	.	.	.	.	.	.	.	.	.	.	.
South America,	.	.	.	.	.	.	.	.	.	.	.	.
Spain,	1	2	1	.	.	.	1	2	1	3	2	1
Sweden,	25	31	30	13	17	16	38	48	3	6	10	4
Switzerland,	2	1	1	.	1	2	2	2	3	199	225	231
Syria,	3	3	3	.	1	2	2	3	3	7	12	14
Turkey,	7	6	6	1	2	3	8	8	9	14	12	12
Wales,	.	2	2	1	1	2	1	1	4	26	24	25
West Indies,	3	4	4	3	3	3	6	1	7	6	10	11
										23	23	22
Total foreign,	546	799	803	535	757	735	1,081	1,556	1,538	5,178	7,119	7,046
Unknown,	13	72	75	8	67	71	21	139	146	125	943	984
Totals,	1,324	1,324	1,324	1,167	1,167	1,167	2,491	2,491	2,491	11,616	11,616	11,616

CIVIL CONDITION OF INSANE PERSONS, ETC.

TABLE XVI. — *Civil Condition of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

CIVIL CONDITION.	1908.			FIVE YEARS, 1904-1908.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Unmarried,	613	479	1,092	2,869	2,088	4,957
Married,	544	439	983	2,590	2,063	4,653
Widowed,	145	231	376	651	1,082	1,733
Divorced,	13	17	30	61	72	133
Unknown,	9	1	10	97	43	140
Totals,	1,324	1,167	2,491	6,268	5,348	11,616

TABLE XVII. — *Occupations of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital, who were received for the First Time at Any Hospital.*

OCCUPATIONS.	1908.			FIVE YEARS, 1904-1908.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Educated or professional, .	58	44	102	247	189	436
Domestic,	8	169	177	81	919	1,000
Farmers,	58		58	284		284
Housekeepers,		531	531		2,120	2,120
Laborers,	294		294	1,385		1,385
Mechanical,	243		243	1,257	18	1,275
Operatives,	156	97	253	594	406	1,000
Traders,	76	36	112	717	166	883
Miscellaneous,	245	51	296	858	169	1,027
Totals,	1,138	928	2,066	5,423	3,987	9,410
No occupation,	179	239	418	752	1,277	2,029
Unknown,	7		7	93	84	177
Totals,	1,324	1,167	2,491	6,268	5,348	11,616

MEMBERS OF THE STATE BOARD OF INSANITY.

MEMBERS OF THE STATE BOARD OF INSANITY.

Date of Original Appointment.	Name.	Residence.	Term expires.	RETIRED.	
				Date.	Reason.
September, 1898,	George F. Jelly, M.D.,	Boston,	September, 1913,	—	—
September, 1898,	Herbert B. Howard, M.D.,	Boston,	—	January, 1902,	Resigned.
September, 1898,	Charles R. Codman,	Barnstable,	September, 1906,	September, 1906,	Term expired.
September, 1898,	Edward S. Bradford,	Springfield,	—	February, 1900,	Resigned.
September, 1898,	Francis B. Gardner,	Brockton,	—	February, 1902,	Resigned.
February, 1900,	Albert L. Harwood,	Newton Center,	September, 1905,	September, 1905,	Term expired.
January, 1902,	James B. Ayer, M.D.,	Boston,	September, 1907,	September, 1907,	Term expired.
December, 1902,	Seward W. Jones,	Newton Highlands,	September, 1909,	December, 1906,	Resigned.
September, 1905,	Michael J. O'Meara, M.D.,	Worcester,	September, 1910,	—	—
October, 1906,	Henry P. Field,	Northampton,	September, 1911,	—	—
January, 1907,	William F. Whittemore,	Boston,	September, 1909,	—	—
September, 1907.	Herbert B. Howard, M.D., ¹	Boston,	September, 1912,	—	—

¹ Reappointed September, 1907.

DIRECTORY OF INSTITUTIONS.

WORCESTER INSANE HOSPITAL (opened 1833):—

Trustees: T. Hovey Gage, Worcester, chairman; Lyman A. Ely, Worcester, secretary; George F. Blake, Worcester; Miss Frances M. Lincoln, Worcester; Thomas Russell, Boston; Mrs. Sarah E. Whitin, Whitinsville; Dr. Samuel B. Woodward, Worcester.

Regular meeting, first Tuesday of each month.

Superintendent, Hosea M. Quinby, M.D.

First assistant physician, Theodore A. Hoch, M.D.

Assistant physicians, Florence H. Abbot, M.D., Edward Mellus, M.D., Ray L. Whitney, M.D., Mason W. H. Pitman, M.D., Howard A. Knox, M.D., Percy L. Dodge, M.D., Fred G. Campbell, M.D.

Assistant physician and pathologist, Freeman A. Tower, M.D.
Treasurer, Albert Wood.

Steward, Henry R. Center.

Visiting days, Wednesdays and Fridays.

TAUNTON INSANE HOSPITAL (opened 1854):—

Trustees: Nathaniel B. Borden, Fall River, chairman; Mrs. Elizabeth C. M. Gifford, East Boston, secretary; Loyed E. Chamberlain, Brockton; James P. Francis, New Bedford; Mrs. Susan E. Learoyd, Wakefield; William C. Lovering, Taunton; Henry R. Stedman, M.D., Brookline.

Regular meeting, second Thursday of each month.

Superintendent, Arthur V. Goss, M.D.

Assistant physicians, Benjamin W. Baker, M.D., Dora W. Faxon, M.D., Horace G. Ripley, M.D., George K. Butterfield, M.D.
Treasurer, Frank W. Boynton.

Steward, Otis E. White.

Visiting days, Wednesdays, Saturdays, all legal holidays and second Sunday of each month.

NORTHAMPTON STATE HOSPITAL (opened 1858):—

Trustees: Alvan Barrus, Goshen, chairman; Henry L. Williams, Northampton, secretary; F. W. Chapin, M.D., Springfield; William D. MacInnes, Pittsfield; Chas. S. Shattuck, Hatfield; Mrs. Sarah A. Woodworth, Chicopee; Miss Caroline A. Yale, Northampton.

Regular meeting, first Thursday of each month.

Superintendent, John A. Houston, M.D.

Assistant physicians, Harriet M. Wiley, M.D., Charles H. Dean, M.D., Grace E. B. Rice, M.D., Edward W. Whitney, M.D., C. Stanley Raymond, M.D.

Treasurer and steward, Lewis F. Babbitt.

Visiting days, Tuesdays and Fridays.

DANVERS INSANE HOSPITAL (opened 1878):—

Post-office and railroad station, Hathorne (Boston & Maine).

Trustees: Samuel W. Hopkinson, Bradford, chairman; Solon Bancroft, Reading, secretary; Horace H. Atherton, East Saugus; Mrs. Ada T. Brewster, Andover; George R. Jewett, Salem; Miss Mary Ward Nichols, Danvers; Orville F. Rogers, M.D., Boston.

Regular meeting, second Friday of each month.

Superintendent, Chas. W. Page, M.D.

Senior assistant physician, Henry M. Swift, M.D.

Assistant physicians, Charles B. Sullivan, M.D., Anna H. Peabody, M.D., Charles Ricksher, M.D., Leslie C. Bishop, M.D., Edwin W. K. Ellenbogan, M.D.

Assistant physician and pathologist, Elmer E. Southard, M.D.

Assistant pathologist, Myrtelle M. Canavan, M.D.

Interne, Isaiah H. Halladjian, M.D.

Treasurer, Scott Whitcher.

Steward, John N. Lacey.

Visiting days, Mondays and Wednesdays.

WESTBOROUGH INSANE HOSPITAL (opened 1886):—

Trustees: John L. Coffin, M.D., Northborough, chairman; Miss Eliza C. Durfee, Fall River, secretary; William Avery Cary, Boston; Benjamin W. Childs, Worcester; George B. Dewson, Cohasset; Lewis R. Speare, Newton; Miss Sarah B. Williams, Taunton.

Regular meeting, first Thursday of each month.

Superintendent, George S. Adams, M.D.

Assistant superintendent, Henry I. Klopp, M.D.

WESTBOROUGH INSANE HOSPITAL (opened 1886) — *Concluded.*

Assistant physicians, W. W. Coles, M.D., M. M. Jordan, M.D.,

Ruth B. Coles, M.D., Esther S. Barnard, M.D.

Pathologist, Solomon C. Fuller, M.D.

Treasurer, H. L. Davenport.

Steward, Melville L. Stacy.

Visiting days, Tuesdays and Saturdays.

WORCESTER INSANE ASYLUM (opened 1877): —

Trustees: trustees of Worcester Insane Hospital.

Superintendent, Ernest V. Scribner, M.D.

Assistant physicians, H. Louis Stick, M.D., Arthur E. Pattrell,

M.D., Ralph C. Kell, M.D., B. Henry Mason, M.D.

Pathologist, Frederick H. Baker, M.D.

Treasurer, Albert Wood.

Visiting days, every day except Sunday.

MEDFIELD INSANE ASYLUM (opened 1896): —

Post-office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford).

Trustees: Ira G. Hersey, Hingham, chairman; Mrs. Nellie Palmer, South Framingham, secretary; William O. Blaney, Boston;

John Duff, Boston; F. B. Lund, M.D., Boston; Wm. H.

Morrison, Brockton; Mrs. Sarah Rand, Newton Center.

Regular meeting, first Thursday following the first Tuesday of each month.

Superintendent, Edward French, M.D.

Assistant physicians, Lewis M. Walker, M.D., Helen T. Cleaves,

M.D., George A. Troxell, M.D., Walter Burrier, M.D.

Treasurer, Chas. C. Blaney.

Steward, F. H. Gross.

Visiting days, Tuesdays and Fridays.

STATE COLONY FOR THE INSANE, GARDNER (opened 1902): —

Post-office, Gardner; railroad station, East Gardner.

Trustees: Edmund A. Whitman, Cambridge, chairman; Mrs.

Amie H. Coes, Worcester, secretary; William H. Baker, M.D.,

Lynn; John G. Blake, M.D., Boston; George N. Harwood,

Barre; Mrs. Alice Miller Spring, Fitchburg; Wilbur F. Whitney,

Ashburnham.

Regular meeting, last Thursday of each month.

Superintendent and treasurer, Chas. E. Thompson, M.D.

Assistant superintendent, Thos. Littlewood, M.D.

STATE COLONY FOR THE INSANE, GARDNER (opened 1902) —
Concluded.

Assistant physician, Harris C. Barrows, M.D.

Visiting days, every day except Sundays and holidays, from 10 A.M.
to 4 P.M.

INSANE WARDS, STATE HOSPITAL (opened 1866):—

Post-office, Tewksbury; railroad stations, Tewksbury (Western
Division, Boston & Maine), Tewksbury Junction and Salem
Junction (Southern Division, Boston & Maine).

Trustees: Joseph A. Smart, Andover, chairman; Rev. Payson W.
Lyman, Fall River, secretary; Mrs. Sarah D. Fiske, Malden;
Leonard Huntress, M.D., Lowell; Emery M. Low, Brockton;
Mrs. Anna F. Prescott, Boston; John B. Tivnan, Salem.

Regular meeting, usually during last week of month, alternately
at State Hospital and State Farm.

Superintendent, John H. Nichols, M.D.

Assistant superintendent and physician, George A. Pierce, M.D.

First assistant physician, Howard F. Holmes, M.D.

Assistant physicians: Walter C. Kenney, M.D., Carleton R.
Metcalf, M.D., Alfred J. Roach, M.D., Carl C. McCorison,
M.D., Burt F. Howard, M.D., Howard K. Tuttle, M.D., Anna
E. Barker, M.D.

Pathologist, Carroll D. Partridge, M.D.

Visiting days, every day except Sundays and holidays, from 10
A.M. to 4 P.M.

STATE ASYLUM FOR INSANE CRIMINALS, STATE FARM (opened 1886,
1895):—

Post-office, State Farm; railroad station, Titicut (New York,
New Haven & Hartford).

Trustees: trustees of State Hospital and State Farm.

Medical director, Chas. A. Drew, M.D.

Assistant physicians, Leonard A. Baker, M.D., Chas. G. Miles,
M.D.

Visiting days, every day except Sundays.

MASSACHUSETTS HOSPITAL FOR EPILEPTICS (opened 1898):—

Post-office and railroad station, Palmer (Boston & Albany).

Trustees: William N. Bullard, M.D., Boston, chairman; Mrs.
Mabel W. Stedman, Brookline, secretary; John Bapst Blake,
M.D., Boston; Winford N. Caldwell, Springfield; Henry P.
Jacques, M.D., Lenox; Walter W. Scofield, M.D., Dalton;
Mrs. Mary P. Townsley, Springfield.

MASSACHUSETTS HOSPITAL FOR EPILEPTICS (opened 1898) — *Concluded.*

Regular meeting, first Thursday of each month.

Superintendent, Everett Flood, M.D.

Assistant physicians, Morgan B. Hodskins, M.D., Edward A. Kennedy, M.D., Alden V. Cooper, M.D., Melvin E. Cowen, M.D.

Treasurer, Walter E. Hatch.

Steward, Charles F. Simonds.

Visiting days, Tuesdays and Fridays.

FOXBOROUGH STATE HOSPITAL (opened 1893):—

Trustees: Robert A. Woods, Boston, chairman; William H. Prescott, Boston, secretary; Philip R. Allen, Walpole; Timothy J. Foley, Worcester; Frank L. Locke, Malden; Edwin Mulready, Rockland; W. Rodman Peabody, Cambridge.

Regular meeting, first Wednesday of each month.

Superintendent and treasurer, Irwin H. Neff, M.D.

Senior assistant physician, Frank H. Carlisle, M.D.

Junior assistant physician, Fred Porter Moore, M.D.

Steward, Nelson Crosskill.

Visiting days, every day excepting Sunday.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED (opened 1848):—

Post-office and railroad station, Waverley (Boston & Maine).

Trustees appointed by the Governor: William W. Swan, Brookline, president; Francis J. Barnes, M.D., Cambridge; Mrs. Luann L. Brackett, Newton; Thomas W. Davis, Boston; Felix Gatineau, Southbridge; Charles S. Hamlin, Boston.

Trustees appointed by the corporation: Frank G. Wheatley, M.D., North Abington, vice-president; Charles E. Ware, Fitchburg, secretary; Chas. Francis Adams, 2d, Concord; Francis Bartlett, Boston; Frederick P. Fish, Brookline; Joseph B. Warner, Boston.

Quarterly meeting, second Thursday of October, January, April and July.

Superintendent, Walter E. Fernald, M.D.

Assistant physicians, Winfred O. Brown, M.D., Frederic J. Russell, M.D., Annie M. Wallace, M.D., Edith Woodill, M.D.

Treasurer, Richard C. Humphreys.

Visiting days, Wednesday, Thursday and Saturday afternoons.

WRENTHAM STATE SCHOOL (opened 1907):—

Post-office and railroad station, Wrentham.

Trustees: Albert L. Harwood, Newton, chairman; Ellerton James, Nahant, secretary; John J. Conner, Peabody; Walter Channing, Brookline; Susanna W. Berry, Lynn; Herbert Parsons, Greenfield; Mary Stewart Scott, Worcester.

Regular meeting, second Thursday of each month.

Superintendent and treasurer, George L. Wallace, M.D.

Visiting days, every day.

THE HOSPITAL COTTAGES FOR CHILDREN, BALDWINVILLE (opened 1882):—

President, H. S. Morley, Baldwinville; clerk, Robert N. Wallis, Fitchburg.

Trustees appointed by the Governor: George B. Dewson, Cohasset; Jenness K. Dexter, Springfield; Mrs. William W. Doherty, Boston; Arthur H. Lowe, Fitchburg; H. S. Morley, Baldwinville.

Trustees appointed by the corporation: John M. Bemis, M.D., Worcester; Mrs. J. B. Case, Boston; Mrs. W. S. Clark, Worcester; Homer Gage, M.D., Worcester; Mrs. K. M. Gilmore, Boston; Mrs. Edward L. Greene, Lancaster; Mrs. George Heywood, Gardner; Rev. J. S. Lemon, Gardner; Mrs. Winslow S. Lincoln, Worcester; Mrs. Geo. T. Plunkett, Hinsdale; F. W. Russell, M.D., Winchendon; F. P. Stone, Otter River; Fred A. Turner, Jr., Boston; Gilman Waite, Baldwinville; Robert N. Wallis, Fitchburg; Mrs. Sarah E. Whitin, Whitinsville.

Quarterly meeting, third Wednesday of January, April and July, and second Wednesday of October.

Superintendent, Hartstein W. Page, M.D.

Assistant physicians, Mildred A. Libby, M.D., L. Maude Warren, M.D.

Treasurer, George L. Clark.

Visiting days, every day except Sundays.

BOSTON INSANE HOSPITAL (opened 1839):—

Women's department: post-office, Dorchester Center; railroad station, Forest Hills. Men's department: post-office, Mat-tapan; railroad station, Forest Hills (New York, New Haven & Hartford).

BOSTON INSANE HOSPITAL (opened 1839) — *Concluded.*

Trustees: Michael J. Jordan, Boston, chairman; Mrs. Agnes C. Bulger, Boston, secretary; C. James Connolly, Boston; Charles L. Cooney, Boston; Michael S. Morton, Boston; Mrs. Mary T. Morrison, Boston; George A. Sanderson, Boston.

Regular meeting at 64 Pemberton Square, Boston, second Thursday of each month.

Superintendent, William Noyes, M.D.

Assistant physicians, S. W. Crittenden, M.D., Geo. H. Maxfield, M.D., Mary E. Gill, M.D., F. X. Corr, M.D.

Steward, William E. Elton.

Visiting day, Wednesday, 2 to 4 P.M.

PRIVATE INSTITUTIONS.

McLEAN HOSPITAL (opened 1818):—

Department of Massachusetts General Hospital Corporation; post-office and railroad station, Waverley (Boston & Maine).

President, Francis C. Lowell, Boston; treasurer, C. H. W. Foster, Needham; secretary, John A. Blanchard, Boston.

Trustees appointed by the Governor: Henry S. Howe, Boston; Henry S. Hunnewell, Wellesley; David P. Kimball, Boston; Charles P. Greenough, Boston.

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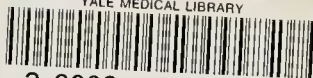
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